

THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE NATIONAL PRESCRIPTION)
OPIATE LITIGATION,)
)MDL No. 2804
County of Lake, Ohio v)
Purdue Pharma L.P., et al.,)Case No. 1:17-md-2804
Case No. 18-op-45032)
)Judge Dan Aaron
County of Trumbull, Ohio v.)Polster
Purdue Pharma, L.P., et al.,)
Case No. 18-op-47079)
)
Track 3 Cases)

The videotaped videoconference deposition
of CRAIG J. McCANN, Ph.D., called for examination
pursuant to the Rules of Civil Procedure for the
United States District Courts pertaining to the
taking of depositions, taken in McLean, Virginia,
on the 11th day of June, 2021, at the hour of
8:05 a.m.

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15 * * * * *

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I N D E X

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1 THE VIDEOGRAPHER: Good morning. We're going
2 on the record at 8:05 a.m. on June 11, 2021.
3 Please note that the microphones are sensitive, may
4 pick up whispering, private conversations, and
5 cellular interference. Please turn off all cell
6 phones and place them away from the microphones as
7 they can interfere with the deposition audio.
8 Audio and video recording will continue to take
9 place unless parties agree to go off the record.

10 This is media unit 1 of the video recorded
11 deposition of Craig McCann taken by counsel for the
12 defendants in the matter of In Re: National
13 Prescription Opiate Litigation filed in the United
14 States District Court, Northern District of Ohio,
15 Eastern Division, Case No. 1:17-md-2804.

16 My name is Dave Young. I'm the
17 videographer. Our court reporter is Gina Luordo.
18 We are both representing Veritext Legal Solutions.
19 I am not related to any party in this action, nor
20 am I financially interested in the outcome.

21 Counsel and all present will state their
22 appearances and affiliations for the record. If
23 there are any objections to this proceeding, please
24 state them at the time of your appearance beginning
25 with the noticing attorney.

1 MS. SWIFT: Kate Swift for Walgreens.

2 MR. CRAWFORD: Kyle Crawford from Zuckerman
3 Spaeder for CVS.

4 THE VIDEOGRAPHER: Nobody else?

5 MS. SWIFT: You're muted, Peter.

6 MR. MOUGEY: Peter Mougey on behalf of the
7 Plaintiffs Executive Committee.

8 THE WITNESS: Craig McCann, I'm the witness
9 today.

10 MS. POERSCHKE: Page Poerschke for the
11 plaintiffs.

12 MR. MALOY: John Maloy for the Rite Aid
13 defendants from Morgan, Lewis & Bockius.

14 MS. FUMERTON: Tara Fumerton for Walmart, Inc.
15 from Jones Day.

16 THE VIDEOGRAPHER: Will the court reporter
17 please swear in the witness, and then we can
18 proceed.

19 (Whereupon, the witness was
20 sworn.)

21

22

23

24

25

1 CRAIG J. McCANN, Ph.D.,
2 having been first duly sworn, was examined and
3 testified as follows:

4 EXAMINATION

5 BY MS. SWIFT:

6 Q. Good morning. Dr. McCann, do you have any
7 notes or anything else with you today for the
8 deposition?

9 A. No. I have a blank yellow pad, and I have
10 a clean copy of the text portion of the initial
11 expert report and the two supplements. Other than
12 that, all I have in the room here is the documents
13 that you sent me and your co-counsel sent me.

14 Q. And do the copies of your reports that you
15 have with you have any handwritten notes or sticky
16 post-its or anything else like that on them?

17 A. No.

18 Q. I see that your counsel -- I see your
19 counsel on the screen to defend the deposition.
20 Are you and counsel together today, or are you in
21 separate locations?

22 A. We're in separate locations.

23 Q. Where are you testifying from today?

24 A. I'm in the conference room of my offices
25 in McLean, Virginia.

1 Q. Dr. McCann, you've given prior testimony
2 in the opioids litigation a number of times,
3 correct?

4 A. Yes.

5 Q. I'm going to list off to the best of my
6 ability the various times you've testified, and the
7 point of that is to make sure I've got everything.
8 So I'll ask, as I go through the list, if I miss
9 anything. That's what I'm going to be looking for.
10 I think I've got it all.

11 You testified in the Summit County and
12 Cuyahoga County cases, Track 1 of the MDL, correct?

13 A. Yes. I filed expert reports and gave a
14 deposition. There was no final hearing that I'm
15 aware of.

16 Q. You also gave testimony in a New York
17 deposition, correct?

18 A. Yes.

19 Q. You gave testimony in New York in what's
20 called a Frye hearing, correct?

21 A. Right. I also filed expert reports and
22 gave a deposition.

23 Q. Right now I'm just focusing on the
24 testimony. We'll get to the reports in a minute,
25 okay?

1 A. Yes.

2 Q. You also gave deposition testimony in the
3 Huntington Cabell case in West Virginia; is that
4 right?

5 A. Yes.

6 Q. You also gave testimony at trial in the
7 Huntington Cabell, West Virginia case, correct?

8 A. Yes.

9 Q. You gave testimony in another Ohio case
10 brought by the Ohio Attorney General, is that
11 right, in a deposition?

12 A. Yes.

13 Q. Do you have a copy of the transcript of
14 your Ohio AG deposition?

15 A. I don't know. I might have, but I don't
16 know.

17 Q. If your lawyers asked you to provide a
18 copy of that to us, would you agree to do that?

19 A. Yes, of course.

20 Q. Did I miss any testimony that you've given
21 in the opioids litigation?

22 A. I don't think so. I would have to check
23 my resumé just to be sure because the first
24 instance goes back a couple of years, but I don't
25 think so. I think you've got them all.

1 Q. Is the testimony that you gave in all of
2 those depositions and hearings and the one trial,
3 is all of that testimony, to the best of your
4 knowledge, still true and accurate as you sit here
5 today?

6 A. Yes. There might be -- as any time you
7 testify for eight hours or 16 hours, there might be
8 an answer or two that you would articulate
9 differently, better, differently, but I -- I'm not
10 aware of any -- any answer I gave that's materially
11 incorrect, certainly nothing that I gave that I
12 would go back -- nothing material that I would go
13 back and change, I don't think.

14 Q. On the distribution side, you've offered
15 testimony about a number of flagging methods at the
16 various depositions and hearings and the trial.

17 Is all of the testimony that you've
18 offered about your flagging methods for flagging
19 orders that were shipped, does all of that
20 testimony apply the same way in the Lake and
21 Trumbull County case that you're here to testify
22 about today?

23 A. Yes, although, there is one additional
24 flagging method today that wasn't in the previous
25 discussion. So you can't port over just the

1 discussions from the last time or the last few, but
2 yes, I think they all do apply. The previous
3 discussions do apply today.

4 Q. I think there are actually two new
5 methods, and I appreciate that clarification. Let
6 me ask the question a little bit more precisely.

7 There are five methods that you talk about
8 in your Lake and Trumbull County report that you've
9 also talked about in reports, depositions,
10 hearings, trial testimony around the country. Is
11 your testimony about those five methods, would it
12 be the same if I asked you those questions again
13 today as it was when lawyers asked you about them
14 the other times you've testified about them?

15 A. Yes.

16 Q. So I don't have to go back through and ask
17 you all the same questions I've asked you before
18 about those five methods; is that fair?

19 A. Yes. Thank you.

20 Q. We learned just yesterday afternoon from
21 the plaintiff's lawyers that you also issued a
22 report in a case in Dallas; is that correct?

23 A. Correct.

24 Q. The plaintiffs had told us they can't give
25 us that report. And so I'm going to ask you some

1 questions about it, but I don't have it. So I'm
2 kind of in the dark about that one.

3 In that Dallas case, I understand you
4 offered opinions against a number of drug
5 manufacturers, Purdue, Johnson & Johnson, Janssen
6 Pharmaceuticals, Endo Pharmaceuticals, Allergan,
7 Actavis, and Watson; is that correct?

8 A. I'd have to pull out the report and have a
9 look at it because although it was filed on Monday,
10 it was originally scheduled to be filed six months
11 ago, and we had it finalized several times along
12 the way, and it was just exchanged on Monday. I
13 would have to check, but that sounds right.

14 Q. You offered opinions about a number of
15 manufacturers, pharmaceutical manufacturers, in the
16 Dallas case?

17 A. I believe that's correct. I can describe
18 the report a little bit to you. That might help.

19 Q. That's okay. All I'm trying to do is
20 figure out who you covered in the report right now.
21 Thank you, sir.

22 You also offered opinions in that Dallas
23 case against a number of distributors, including
24 McKesson, Cardinal, AmerisourceBergen; is that
25 right?

1 A. Correct.

2 Q. You also offered opinions in the Dallas
3 report against a number of doctors, Dr. Richard
4 Andrews, Dr. Theodore Okechuku, and Dr. Nicholas
5 Padron; is that correct?

6 A. I don't think so. I think that -- I don't
7 think that you're describing the report correctly.
8 I don't recall any discussion of any individual
9 doctors.

10 Q. All right. The contention in that Dallas
11 case, to the extent you know, is the contention
12 that those manufacturers and distributors that I
13 listed to you, that they caused the opioids crisis?

14 A. I don't know. I don't recall. I didn't,
15 in the report, address any liability issue at all
16 that I'm aware of.

17 Q. Are the opinions that you offered against
18 the manufacturers and the distributors in the
19 Dallas case comparable to opinions you've offered
20 against manufacturers and distributors in other
21 opioids cases?

22 A. Yes.

23 Q. You did not offer any opinions against any
24 manufacturers or distributors or doctors in your
25 Lake and Trumbull County report, correct, sir?

1 A. I'm sorry. Could you ask that again,
2 please?

3 Q. Sure. In the report that you provided to
4 us in the Lake and Trumbull County case in Ohio,
5 you did not offer any opinions against
6 manufacturers, distributors, or doctors, correct?

7 A. No, I don't think that's correct. The
8 distributor part is what caught me. I think that
9 the report is treating the chain pharmacies as
10 distributors. So in their role as distributors,
11 the Lake and Trumbull County report does, in fact,
12 cover them.

13 Q. You didn't offer any opinions in the Lake
14 and Trumbull County case against McKesson,
15 Cardinal, AmerisourceBergen, or any manufacturers
16 or any doctors, correct?

17 A. Correct.

18 Q. Who is the plaintiff in the Dallas case
19 where you issued a report?

20 A. It's Dallas County, and it's in state
21 court there in the state MDL as I understand it.

22 Q. You did not offer any opinions in the
23 Dallas County case against CVS, Giant Eagle, Rite
24 Aid, Walgreens, or Walmart, correct?

25 A. I don't recall if that's correct. They

1 may be included in some of the figures and tables
2 as in their role as distributor. The report is
3 really just a summary of the ARCOS data. So to the
4 extent that they show up in figures or tables, they
5 may be included somewhere. I don't recall pointing
6 them out specifically in any way.

7 Q. And you served that report on Monday; is
8 that correct?

9 A. Correct. I'm sorry. The lawyers served
10 it on Monday.

11 Q. The Dallas County plaintiff did not sue
12 CVS, Giant Eagle, Rite Aid, Walgreens, or Walmart,
13 correct? They're not defendants in that case?

14 A. Not that I recall.

15 Q. You also offered opinions in another Ohio
16 case separate from the one that we're talking about
17 today, correct, sir, the case brought by the Ohio
18 Attorney General?

19 A. I served under two Ohio cases, the
20 Cuyahoga and Summit case and that one, yes.

21 Q. The Ohio Attorney General is the top
22 lawyer in the state. Is that your understanding?

23 A. Yes.

24 Q. In the Ohio case brought by the State
25 Attorney General, you offered opinions against the

1 distributors, McKesson, Cardinal, ABDC, or
2 AmerisourceBergen, and Miami-Luken; is that
3 correct?

4 A. I don't recall the details. That's 15 or
5 18 months ago. I don't recall as I sit here.

6 Q. You don't remember who you've offered
7 opinions about in other cases?

8 A. Not 15 or 18 months ago. I recall it was
9 the distributors. I know of it as the Ohio
10 distributors case, but you read off a list of
11 distributors, including Miami-Luken, and I just
12 don't recall whether they were all defendants or if
13 there were, in fact, more than you listed.

14 Q. The Ohio Attorney General case is another
15 case that my client, Walgreens, is not a defendant
16 in. So your attorneys won't give us that report
17 either. I understand they don't think they're
18 allowed to. So as with the Dallas report, I don't
19 have the report. I don't have the transcript.

20 Would you agree with me that Walgreens is
21 not a defendant in the Ohio distributors case?

22 A. Well, you must know, and so I wouldn't
23 disagree with you, but I don't know. I don't
24 recall as I sit here. I would have to check, and I
25 can easily check. I don't know from memory.

1 Q. Do you recall that the Ohio Attorney
2 General did not bring claims, and you did not offer
3 opinions about any of the chain pharmacies,
4 Walgreens, Walmart, CVS, Rite Aid, and Giant Eagle?

5 A. No, I don't recall.

6 Q. You don't recall at all the defendants
7 that are involved in the cases that you've offered
8 opinions in?

9 MR. MOUGEY: Asked and answered.

10 THE WITNESS: I know generally whether a case
11 was a distributor case or a manufacturer case, but
12 going back 15 months or two years, I can't tell you
13 what the claims were, what -- what the individual
14 defendants were that were in those cases. I can
15 tell you, but I just can't tell you from memory as
16 I sit here.

17 BY MS. SWIFT:

18 Q. The Ohio Attorney General case is not a
19 pharmacy case, correct, sir?

20 A. At least not the one that I was involved
21 in.

22 Q. Are you aware of any case brought by the
23 Attorney General of Ohio that is a pharmacy case?

24 A. No, I don't know one way or the other.

25 Q. Your attorneys have represented to us that

1 one of the distributors in the Ohio Attorney
2 General case is Miami-Luken. They're a distributor
3 of opioids.

4 Do you understand that?

5 A. Yes.

6 Q. Do you know that criminal charges have
7 been brought against Miami-Luken for the illegal
8 distribution of opioids?

9 A. Not as I sit here. If I knew that, if I
10 came across it, I've since forgotten.

11 Q. You -- you have not offered any opinions
12 against Miami-Luken in the Lake and Trumbull County
13 cases, correct, sir?

14 A. Miami-Luken would be mentioned in my
15 report and appendices. So I've been taking your
16 questions, when you say offered any opinions
17 against, to mean do I mention them anywhere. So
18 Miami-Luken is mentioned, I believe, in what we've
19 been calling the pharmacy reports, but I don't
20 recall in the text mentioning Miami-Luken anywhere.

21 Q. You applied your flagging methods on the
22 distribution side to a particular set of pharmacies
23 in the Lake and Trumbull County cases, correct,
24 sir?

25 A. Correct.

1 Q. You didn't apply any of your flagging
2 analyses to identify flagged orders shipped by
3 Miami-Luken in the Lake and Trumbull County case,
4 correct?

5 A. Correct.

6 Q. Why not?

7 A. I wasn't asked to.

8 Q. And when you say you weren't asked to, do
9 you mean the plaintiffs' lawyers who have retained
10 you for this case did not tell you we'd like you to
11 offer opinions against Miami-Luken?

12 A. Correct. You continue to use a term that
13 I'm not adopting fully when you say offered
14 opinions against. I report the processing of ARCOS
15 data and the results of running particular
16 algorithms on them. It's just arithmetic. If you
17 want to refer to that as offering opinions against,
18 then that's how I understand you're using the term,
19 but --

20 Q. How about this?

21 A. -- I don't recall -- I don't recall being
22 asked to run the SOMS examples on the data for
23 anybody other than the five or six firms we ran it
24 on.

25 Q. The plaintiffs' lawyers did not ask you to

1 run your flagging analysis on anybody except the
2 five pharmacy defendants in Lake and Trumbull,
3 correct?

4 A. Correct.

5 Q. And therefore, you did not apply your
6 flagging analysis to anybody but the five pharmacy
7 defendants that are in Lake and Trumbull, correct?

8 A. Yes, I think that's correct.

9 Q. That's true even though you did apply a
10 flagging analysis against different distributors in
11 the Ohio Attorney General case?

12 A. Yes, of course.

13 Q. Do your opinions in the State of Ohio case
14 brought by the Ohio Attorney General, are those --
15 are the flagging analyses that you performed in
16 that case, are they statewide?

17 A. I don't recall.

18 Q. In the State of Ohio case brought by the
19 Attorney General of Ohio, did you conduct analyses
20 to identify flagged orders?

21 A. I don't recall.

22 Q. Did another consultant hired by the
23 plaintiffs' lawyers in the Ohio Attorney General
24 case offer opinions that the flagged orders that
25 you don't recall whether you applied in that case

1 were suspicious and shouldn't have been shipped
2 without the distributor first conducting due
3 diligence?

4 A. I don't know. I know there was another
5 witness who testified on DEA issues, but I don't
6 recall which witness that was or what testimony
7 they gave.

8 Q. You don't recall whether that was Jim
9 Rafalsky or somebody else?

10 A. Correct. There are two or three names
11 that come to mind, and I just don't recall as I sit
12 here. I didn't interact with them over the Ohio AG
13 case in any way, and I don't recall if I ever knew
14 who was the DEA expert in that case.

15 Q. If I say the name Joe Rannazzisi to you,
16 does that refresh your recollection?

17 A. It doesn't refresh my recollection. I
18 know the name, but I don't know whether it was
19 Mr. Rannazzisi or Mr. Rafalsky or someone else who
20 served as the DEA expert in that case.

21 Q. You didn't flag any orders shipped by
22 Walgreens or any other pharmacy in the case brought
23 by the Ohio Attorney General, correct?

24 A. I don't recall.

25 Q. I've got to say I'm really at a

1 disadvantage here because I don't have your report.
2 I don't have your deposition from the Ohio AG case,
3 and you don't seem to remember anything about it.
4 I'm afraid we're going to have to object and leave
5 this deposition open and come back later and ask
6 you questions about that deposition and report
7 because it's, you know, an Ohio case. It's
8 directly relevant to your opinions in this case,
9 and I'm completely unable to ask you about it if I
10 don't have those materials.

11 MR. MOUGEY: Kate, if you want to leave this
12 deposition open, we can call it right now, and you
13 can do it later, but you know -- you knew when you
14 started this morning that you didn't have the
15 material because the plaintiffs and the State of
16 Ohio have a protective order in that case. So if
17 you want to -- if you want to leave something open
18 today, then I suggest that we just stop it here and
19 do the rest of it when you have the material that
20 you need. I'm not going to agree to keep it open.

21 MS. SWIFT: Well, I understand that. I didn't
22 expect you would. I've got to make my objection
23 for the record. I did not expect this witness not
24 to have any recollection at all about opinions he's
25 offered in another case on these exact same issues.

1 MR. MOUGEY: I'm sorry that it surprises you,
2 but it doesn't surprise me at all. It's over
3 several years of overlapping defendants of
4 remembering which defendant was in which case, and
5 I don't find that surprising at all. So at this
6 point, maybe we ought to -- if you want to leave it
7 open, then we need to go back to Special Master
8 Cohen.

9 MS. SWIFT: He's going to join in a little bit.
10 Let's keep going. He's going join. When he gets
11 on, we can talk about it.

12 MR. MOUGEY: Kate, let's not play games. You
13 knew you didn't have the report when we started
14 this morning. We're all here. So if you want to
15 start keeping things open -- I anticipated this. I
16 called it when I said you didn't have the reports
17 that Kate is going to try to keep this deposition
18 open.

19 You knew you didn't have the reports. You
20 knew you didn't have the reports. You have, I
21 think -- I don't remember how many in total. You
22 have almost 10, and you're missing a couple. So if
23 you want to make sure you have every one, then
24 that's fine. That's your prerogative, but then
25 let's go ahead and kick the rest of it.

1 MS. SWIFT: I know you'd love to do that,
2 Peter. We're going to do our best to finish.
3 We're going to keep going. We can talk about it
4 with Special Master Cohen when he joins.

5 MR. MOUGEY: Best counts in horseshoes and hand
6 grenades. I mean, today we are finishing, and
7 we're not keeping things open for you to come back
8 and take the 80th deposition of Dr. McCann. So if
9 you want to keep it open --

10 MS. SWIFT: I understand your position.

11 MR. MOUGEY: -- we'll address it as soon as
12 Special Master Cohen gets back in. And if he's not
13 back within the hour because you all wanted to
14 finish Rafalsky today, then I suggest we go ahead
15 and have him come in because I don't want this to
16 continue for the rest of the day and then waiting
17 for Special Master Cohen and then you try to keep
18 it open.

19 BY MS. SWIFT:

20 Q. Did you use any of the same flagging
21 methods in the Ohio Attorney General case that you
22 used in the Lake and Trumbull County case, sir?

23 A. If I used flagging methods in the Ohio AG
24 case, then I used some of the same methods as in
25 this case, that's correct.

1 Q. Which flagging methods did you use in the
2 Ohio Attorney General case?

3 A. If I used flagging methods in the Ohio
4 Attorney General case, I very likely used what
5 we're calling the trailing six months maximum,
6 maybe the trailing six months maximum with a
7 threshold fixed after the first trigger is hit, the
8 two times and three times national average, the
9 8,000 maximum monthly dosage units, and the maximum
10 daily dosage units. So those are the six that come
11 to mind. If I used flagging methods in that case,
12 then I used at least five of those six.

13 Q. You keep saying if you used flagging
14 methods. Do you recall one way or the other
15 whether you used flagging methods in the Ohio AG
16 case?

17 A. It's 18 months ago. I don't remember. I
18 think I did because it was a distributor case, and
19 I think I did. It would be natural that I did, but
20 I just don't recall with certainty.

21 Q. Are there opioids cases where you've
22 offered opinions against distributors where you
23 have not used flagging methods?

24 A. I think the Dallas County report filed
25 earlier this week does not include any flagging

1 analysis. It doesn't. It's just sort of the
2 processing and summary of the ARCOS data is my
3 recollection, no SOMS examples, really nothing much
4 else. It was a very simple, short report, a subset
5 of all of the reports that you've had.

6 Q. Other than the Dallas County case, are
7 there any other cases where you've offered opinions
8 against distributors where you did not apply a
9 flagging analysis?

10 A. I don't think so, not that I recall as I
11 sit here.

12 Q. You testified during your West Virginia
13 deposition that you spoke with Mr. Rafalsky,
14 plaintiff's hired DEA consultant, in August of
15 2020, so just before that deposition last year.

16 Was that call that you had with
17 Mr. Rafalsky, was that at his request? At your
18 request? At the plaintiffs' request? Something
19 else?

20 A. I don't recall the call or the testimony
21 that you're referring to.

22 Q. Well, let me ask you this. Sorry. Go
23 ahead.

24 A. I have not ever initiated a call with
25 Mr. Rafalsky. So if it was a call, it was either

1 at his request or the attorneys handling him or
2 some other plaintiffs' attorney requested the call.

3 Q. Have you spoken with Mr. Rafalsky since
4 the phone call that you had with him leading up to
5 your deposition in the West Virginia case?

6 A. Yes.

7 Q. When did you speak with Mr. Rafalsky after
8 that?

9 A. I'm sorry. What was the date that you're
10 referring to of a call?

11 Q. Sure. It was August 29, 2020, just before
12 your deposition in the West Virginia case.

13 A. Okay. So in the last nine months, nine or
14 10 months, I have spoken to Mr. Rafalsky a couple
15 of times. I don't think more than three times, but
16 either two times or three times. And I can't give
17 you a date. I can't even give you a month other
18 than maybe the most recent time I spoke to him,
19 which was sometime in May.

20 Q. Did you speak to Mr. Rafalsky prior to
21 submitting your Lake and Trumbull County report
22 about that report?

23 A. I don't recall whether I did or not.

24 Q. You said your most recent conversation
25 with him was probably in May. Can you give me any

1 estimate of when the other conversations with him
2 would have been that you referenced, the one or
3 two?

4 A. No. I can't get any finer than sometime
5 between August and May. And I don't recall whether
6 it was one or two other than the one in May I
7 described. I may have dropped into a call briefly
8 for a minute or two that he participated in where
9 maybe other members of my staff were involved, and
10 I may have dropped into an office and said hello or
11 something once or twice, but I think I've only
12 been -- I've only participated in a substantive
13 call with Mr. Rafalsky a couple of times since
14 August of last year.

15 Q. What were those substantive calls with
16 Mr. Rafalsky about since August of last year?

17 A. My recollection -- I wasn't the primary
18 mover in any call with him, but my recollection is
19 that it was to discuss the underlying data and the
20 results of the example SOMS methods that we
21 implemented.

22 Q. Who was the primary mover in any call with
23 Mr. Rafalsky?

24 A. Well, some combination of Mr. Rafalsky and
25 lawyers working with Mr. Rafalsky.

1 Q. How long did you speak to Mr. Rafalsky all
2 together in the calls that you've referenced?

3 A. Well, I don't think any of the calls were
4 longer -- that I participated in anyway, longer
5 than a half hour, and I think there was probably
6 two of them. So somewhere between 30 minutes and
7 60 minutes total, I think.

8 Q. You said that your recollection is you
9 discussed the underlying data and the results of
10 the example SOMS methods that you implemented.

11 What do you mean by that? Did you pull up
12 actual orders that flagged on your flagging methods
13 and talk about them, or what do you mean?

14 A. We may have, although, I'm not recalling.
15 We may have brought up on the screen -- it would be
16 a Zoom call at least in one instance, and we may
17 have brought up on the screen an Excel file with
18 flagged orders and sort of discussed them a little
19 bit, or we may have used stylized orders to walk
20 through the analysis again. I'm not recalling the
21 details, and I don't recall whether the call that I
22 do have some recollection of related to this
23 particular case, Lake and Trumbull County, or not.

24 Q. What is a stylized order?

25 A. Well, if I wanted to explain how these

1 example flagging methods work, I might create a
2 hypothetical with orders on various days throughout
3 the month and maybe trailing over the course of a
4 year or two and then identify how an order would
5 trigger one of these various flags. That's what I
6 mean by a stylized order.

7 Q. You think you may have shown on a screen
8 with Mr. Rafalsky just stylized orders that you
9 created, a hypothetical stylized order, not actual
10 flagged orders?

11 A. I don't recall with certainty, but I think
12 that we discussed actual orders with orders up on
13 the screen. But I've had two or three calls, Zoom
14 calls, with Mr. Rafalsky over the last year where
15 we had this sort of discussion, and I can't tell
16 you for certain which of those we looked at actual
17 transaction data in as opposed to the results of
18 our analysis. I just don't recall as I sit here.

19 Q. So is it fair to say you don't recall --
20 strike that.

21 You don't recall whether you looked at any
22 actual orders with Mr. Rafalsky?

23 A. Well, I think we did. I'm pretty sure
24 that we did, but I can't tell you with certainty we
25 did. I can't tell you 100 percent, but I recall --

1 I recall being on, as I said, two or three Zoom
2 calls and one or two telephonic calls over the last
3 year, and we did discuss individual orders
4 reflecting these example flagging methods that were
5 flagged and presented in an Excel file, but I
6 don't -- for his review. I don't recall whether
7 that discussion was over Zoom or over a traditional
8 teleconference, and I don't recall whether it was
9 nine months ago or three months ago.

10 Q. You said a few minutes ago that you
11 thought you had talked to Mr. Rafalsky in the last
12 nine months no more than three times, and just now
13 I heard you say two to three Zoom calls and one to
14 two phone calls. So which is it? How many times
15 have you spoken to him?

16 A. Well, you only read back part of my
17 answer. I said over the last year in what I said
18 just now. Whether it's three times over the last
19 nine months or four times over the last year, I
20 don't recall.

21 Q. Is it fair to say you haven't spoken to
22 Mr. Rafalsky more than five times about your Lake
23 and Trumbull report?

24 A. Yes, definitely.

25 Q. Do you think it's odd that the plaintiffs'

1 lawyers have asked you to submit reports in half a
2 dozen cases or so, but haven't coordinated more
3 substantive discussions between you and the DEA
4 consultant whose methods you're relying on?

5 A. No, not at all.

6 Q. Why not?

7 A. Well, because I think we've had enough
8 discussion for us to implement the example flagging
9 methods to the ARCOS data and defendant transaction
10 data where it is available. I -- I have never felt
11 that Mr. Rafalsky or Mr. Rannazzisi, if he was
12 involved in a case, were not available to me if I
13 needed additional guidance. I got all of the
14 guidance I felt we needed, and I would not see any
15 benefit, any value, to any further interaction with
16 them.

17 Q. You don't think it would be important for
18 the plaintiffs' lawyers or Mr. Rafalsky or
19 Mr. Rannazzisi or whichever hired plaintiffs'
20 consultant you're working with, you don't think it
21 would be important to make sure you were
22 coordinating very closely with them to make sure
23 you're properly implementing their methods?

24 MR. MOUGEY: Objection. Compound.
25

1 BY MS. SWIFT:

2 Q. Did you understand the question?

3 A. I did. What I'm telling you is I think
4 they did that. The previous question you asked is
5 do I not think they should have had more access
6 between us, more interaction. I'm saying no, I
7 don't believe so.

8 Q. You haven't asked to have any more
9 conversations with Mr. Rafalsky than the ones
10 you've already had; is that fair?

11 A. Correct.

12 Q. Have you ever spoken to Carmen Catizone?

13 A. Yes.

14 Q. Who is Carmen Catizone?

15 A. I know of him as the pharmacy expert used
16 by the plaintiffs in this case and maybe one or two
17 other cases I'm involved in, but I know him
18 primarily for this case.

19 Q. What other cases are you involved in with
20 Mr. Catizone?

21 A. I don't know. I just recall having a call
22 with him participating maybe a year ago, and I
23 don't recall whether that was related to CT 3 or
24 not. It might have been another case, and I may be
25 wrong when I say a year ago, but sometime last

1 summer or early fall.

2 Q. How many times have you spoken to
3 Mr. Catizone?

4 A. Maybe just once. Maybe a second time.

5 Q. On each of those occasions, how long did
6 you speak to Mr. Catizone?

7 A. Well, the very first time, which I'm not
8 really counting as having spoken to him, I was just
9 listening in on a conference call with 30 lawyers
10 and Mr. Catizone and myself, and I don't recall
11 that either one of us said very much. Then the
12 only substantive call -- there may be two. There
13 may be one teleconference call and one Zoom call,
14 and they were a discussion of various prescription
15 flagging methods that we implemented as examples of
16 what could be done with the prescription dispensing
17 data.

18 Q. When did you have that conversation about
19 the red flag methods for prescriptions?

20 A. Well, we had the teleconference call --
21 call or calls before filing the initial expert
22 report. There was also discussion between staff in
23 my office and Mr. Catizone. If you're asking what
24 conversations I had with Mr. Catizone, there would
25 have been, I think, one teleconference call

1 sometime before the initial expert report was filed
2 and one Zoom call since then.

3 Q. When you say one teleconference call
4 before the initial expert report was filed, do you
5 mean your April 16, 2021 report?

6 A. Correct.

7 Q. And you said you had one call since then.
8 When was that call?

9 A. I'm sorry. There may be one or two other
10 calls. I'm placing a call that we had on a
11 Saturday morning that was a little bit lengthy, and
12 the Zoom call that I -- and that was before the
13 expert report was filed. And there may have been
14 one other teleconference call that I participated
15 in. And as I said, my office had much more
16 interaction with him than I did. The Zoom call was
17 either two or three weeks ago to my recollection.

18 Q. I'm just trying to make sure I'm following
19 you and you're not adding additional calls now and
20 just restating what you said before.

21 Am I correct that you think you had one or
22 two calls with Mr. Catizone before April 16, 2021?

23 A. Yes. I said one or two, and then I think
24 I modified that a minute ago to be certainly two.
25 So if it's certainly two, maybe it's possible there

1 was a third, but there's -- I recall a Saturday
2 morning call that I hadn't -- that wasn't top of
3 mind when I answered your question a couple minutes
4 ago. So perhaps, a couple of calls with
5 Mr. Catizone. I mean definitely a couple of calls
6 with Mr. Catizone and attorneys that I participated
7 in before the expert report was filed and then one
8 Zoom call since.

9 Q. What did you discuss in the lengthy
10 Saturday morning call before you submitted your
11 April 16th report?

12 A. Well, the different flagging methods for
13 dispensed prescriptions.

14 Q. You said it was a lengthy call.

15 A. Well, that's sort of what I recall.
16 There's 43 in the report. So if you spend a minute
17 talking about each, it's a 45-minute call. So it
18 was walking through these methods and discussing
19 them.

20 Q. You said you had one Zoom call after
21 submitting your April 16th report. When was that
22 call?

23 A. I think you've asked me that a couple of
24 times now. It was two or three weeks ago.

25 Q. Was it before or after May 19th?

1 A. I don't recall. It was around then.
2 Whether it was before or after, I can't tell you.

3 Q. Was it before or after you submitted your
4 second supplemental report?

5 A. It's the same date. I don't know.

6 Q. Did you speak with Mr. Catizone about your
7 second supplemental report?

8 A. I did not. My office may have, but I did
9 not.

10 Q. Sitting here today --

11 A. Not as I recall.

12 Q. And you don't know whether anybody at your
13 office spoke to Mr. Catizone about your second
14 supplemental report?

15 A. Correct.

16 Q. Who on your staff has spoken with
17 Mr. Catizone?

18 A. I'm not 100 percent sure, but I think Mike
19 Yan, Y-a-n, and Chuan Qin. Chuan is C-h-u-a-n, and
20 Qin is Q-i-n.

21 Q. You said that your staff participated in
22 more conversations with Mr. Catizone than you did.
23 Do I have that correct?

24 A. Yes.

25 Q. How often have your staff spoken to

1 Mr. Catizone?

2 A. I don't know. I know that they
3 participated in conference calls with attorneys and
4 Mr. Catizone. Whether that was -- I have no idea
5 whether that was twice or 20 times.

6 Q. Did you ever discuss your combination red
7 flags with Mr. Catizone?

8 A. I don't believe so.

9 Q. Have you ever spoken to any other
10 consultants who are working for the plaintiffs'
11 lawyers in the Lake and Trumbull County cases
12 besides Mr. Rafalsky and Mr. Catizone?

13 A. I apologize. I was still thinking about
14 the previous question to make sure I answered it
15 correctly. I didn't want to have any uncertainty
16 in my mind. There is just a very slight shade of
17 uncertainty as to whether -- whether the call that
18 I had with Mr. Catizone included any discussion of
19 a combination red flags. I just don't recall, but
20 I apologize for that. That was my pause.

21 Could you ask me this question again,
22 please?

23 Q. Have you ever spoken to any other
24 consultants who are working for the plaintiffs'
25 lawyers in the Lake and Trumbull County cases

1 besides Mr. Rafalsky and Mr. Catizone?

2 A. I believe only, perhaps, Professor Cutler.
3 I was on a Zoom call with Professor Cutler and
4 20 other people once, and I think that was related
5 to this case. I may also have been CC'd on some
6 e-mails between my office and attorneys handling
7 Professor Cutler, but I didn't participate
8 substantively in those e-mail exchanges.

9 Q. Did you and Mr. Cutler ever have any
10 substantive discussions about the opinions offered
11 in your report or the opinions offered in his
12 report in the Lake and Trumbull County cases?

13 A. I don't recall ever having any discussion
14 with him about his opinions in this case or any
15 other case.

16 Q. What about your opinions?

17 A. I believe there was discussion in a Zoom
18 call that we both participated in about our results
19 and which portions of our results he was using or
20 fed into his analysis, and my recollection is he
21 was looking for just some additional explanation or
22 confirmation that his understanding of our analysis
23 was correct. I don't recall myself, you know,
24 participating other than being one of 20 people on
25 the Zoom call and interacting a little bit. That's

1 my recollection of that call. That was a couple of
2 months ago, I think.

3 Q. Did you have any follow-up conversation --
4 well, strike that.

5 Was the Zoom call with Professor Cutler
6 before April 16th?

7 A. Yes, almost certainly.

8 Q. Did you talk to him again in connection
9 with your May 19th report?

10 A. No.

11 Q. All right. If you would, please, sir,
12 I'll ask you to take out the envelopes that you've
13 got in your box. They should say WAG 2, 3 and 4.
14 These are your reports.

15 A. Yes.

16 Q. You can go ahead and open then.

17 MS. SWIFT: And we'll go ahead and introduce
18 these as -- Isaac, I'm going to throw you for a
19 loop right off the bat. They're marked as 2, 3,
20 and 4 in the Exhibit Share, but I want them to be
21 1, 2, and 3 if you could, please.

22 (Whereupon, McCANN Deposition
23 Exhibit Nos. 1-3 were marked
24 for identification.)
25

1 BY MS. SWIFT:

2 Q. And while we're doing that, Dr. McCann, do
3 you have in front of you now your April 16, 2021
4 report, your May 4, 2021 supplemental report, and
5 your May 19, 2021 second supplemental report?

6 A. Yes.

7 Q. Those will be Exhibits 1, 2, and 3
8 respectively to your deposition.

9 Are those three reports, do they contain
10 all of the opinions that you anticipate offering at
11 trial in the Lake and Trumbull County cases?

12 A. Well, not on the sheets of paper that you
13 put in front of me because there are 10,000 pages
14 of appendices which might be used as demonstratives
15 or as evidence at trial, but they're all referenced
16 in these reports. So if you include the referenced
17 appendices, then I think the answer is yes, as far
18 as I know as I sit here today.

19 Q. I believe the Appendix 12 to your report
20 actually has something like 24,000 pages, but if I
21 understand what you just said, the three reports
22 that you have in front of you, plus all of the
23 appendices that are far too big to put in a box and
24 send to you, all of that together contains the
25 opinions that you anticipate offering at trial in

1 this case?

2 A. Yes, as I sit here certainly.

3 Q. As you sit here today, do you have any
4 additional opinions that are not reflected in your
5 three reports plus their appendices?

6 A. No.

7 Q. Do the three reports marked Exhibits 1, 2,
8 and 3 and their associated appendices contain all
9 of the bases for your opinions that you plan to
10 offer in Lake and Trumbull?

11 A. Yes. At least if the bases are not
12 attached, they're referenced. So at a high level,
13 think of the ARCOS data. The ARCOS data is
14 ultimately the source material for a lot of what
15 you're describing as my opinions. I don't believe
16 that that is anywhere in the report or the
17 appendices other than referenced in the report. So
18 if you include referenced materials, then the
19 answer is yes.

20 Q. Your appendices include thousands and
21 thousands of charts that, as I understand it, you
22 have told us is drawn from the ARCOS data.

23 Are there any charts or other supporting
24 materials that you plan on using at trial to
25 explain your opinions that aren't actually included

1 in any of your reports or appendices?

2 A. Well, almost certainly. That will, of
3 course, be up to the lawyers who are presenting me
4 to the jury, to the judge and the jury, but there
5 may be simplified versions or slightly reformatted
6 versions of those 24,000 pages that you mentioned
7 that would be more user-friendly, but, you know,
8 mildly so as a result of some reformatting, but the
9 content of anything that I can imagine using at
10 trial is in the report and the appendices.

11 Q. I don't understand what you mean when you
12 say the content is included if you're anticipating
13 adding still more charts for trial.

14 A. Well, for example, some of the exhibits
15 show a list of pharmacies, maybe a list of, I'll
16 make it up, but 185 pharmacies, and maybe a
17 demonstrative might only list the first 20 of them,
18 or another chart in the appendices might have a lot
19 of detail in small print, maybe 100 numbers on it.
20 And maybe for purposes of explaining a point to a
21 jury, it might be important to only include four of
22 those numbers on a simple demonstrative.

23 So that's what I mean by there might be
24 demonstratives or summaries of the data and
25 exhibits created, but just to simplify a

1 presentation that would otherwise be too dense or
2 too complicated.

3 Q. Sitting here today, do you know that your
4 charts and appendices attached to your reports are
5 incomplete?

6 A. No, not beyond just what I said.

7 Q. But you anticipate that there will be
8 additional charts that have not been provided to us
9 yet that you may use at trial.

10 Do I understand that correctly?

11 A. If counsel would like to use a
12 demonstrative made up of the content that is in
13 these reports and the judge allows it, I think that
14 would be more effective than putting up some of
15 these number-dense exhibits, but that's not up to
16 me.

17 Q. Do you have any of those simplified
18 additional charts that you've been describing, the
19 less number-dense exhibits? Do you have any of
20 those prepared already as we sit here today?

21 A. Not that I'm aware of.

22 Q. When did the plaintiffs' lawyers first
23 contact you about the Lake and Trumbull County
24 case?

25 A. I'm not sure, but I think a year ago. I

1 may have that off by a couple of months, but
2 sometime ago.

3 Q. Did you personally do the work necessary
4 to reach the opinions in those reports, Exhibits 1,
5 2, and 3?

6 A. I did the work that was necessary by me to
7 reach these opinions, but I was attended to or
8 assisted by staff.

9 Q. Did you write the reports, or did your
10 staff write the reports?

11 A. I wrote virtually every paragraph. There
12 may have been some paragraphs where drafts were --
13 drafts of the paragraphs were written by staff that
14 I then edited, copied, expanded. Ultimately, I
15 adopt as my writing every sentence that's here.

16 Q. Did you share your reports with any of the
17 other hired consultants working for the plaintiffs'
18 lawyers?

19 A. I did not.

20 Q. Do you know if anybody else did?

21 A. No.

22 Q. There's a resumé included at Page 188 of
23 your April 16th report. Is that resumé complete
24 and up-to-date?

25 A. Well, close, but not quite for the reasons

1 we've already discussed. There is a May 4th
2 supplement. There was a May 19th second
3 supplement. There was the Dallas County June 7th
4 report. So those three items would be on a resumé
5 I produced as of yesterday. Today's deposition
6 would be on one I produce as of the end of the day
7 today. But other than those items, I'm not
8 recalling anything that would be different between
9 the April 16th resumé and the one today.

10 Q. In your prior cases involving the
11 pharmacies, you've always used the five flagging
12 methods that we've spent a fair amount of time
13 talking about, correct?

14 A. I think so. You and I have gone back and
15 forth a few minutes ago about Ohio. I can't tell
16 you with certainty that I used the these five
17 flagging methods in that case, but my recollection
18 is I did, and my recollection is that I've done so
19 in every case except the Dallas County case.

20 Q. And in this case, you've added two new
21 methods. So now we're up to seven methods in the
22 Lake and Trumbull County case, correct?

23 A. May I look at my report?

24 Q. Yeah. You can look at the April 16th
25 report table of contents at little I, little I

1 lists them. I believe Method 2 and Method 7 are
2 the new ones, but you'll correct me.

3 A. Yeah. The reason I was pausing a little
4 bit is I think Method 2 has been used in a prior
5 expert report. So the only one fully new for this
6 report is Method 7, but Method 2 and Method 7 may
7 not have been in, for instance, the Cuyahoga and
8 Summit County report.

9 Q. They also weren't in the New York report,
10 correct?

11 A. I don't recall.

12 Q. Well, put it this way. Method 2 and
13 Method 7 have never appeared in any report that you
14 issued in a case involving my client or any of the
15 other pharmacies?

16 A. Right. It may have been in the Cabell
17 County, City of Huntington case that we're
18 referring to as CT 2.

19 Q. The pharmacies aren't in the Cabell County
20 case, correct, sir?

21 A. Not that I'm aware of.

22 Q. And you just testified at trial in that
23 case within the last month, right?

24 A. Correct.

25 Q. One of the new methods is Method 2, and

1 that is the trailing six-month maximum monthly
2 fixed after first triggered threshold, correct?

3 A. Yes.

4 Q. And sometimes I've noted that as Method 2.
5 Sometimes I've called it Method B. Do you have a
6 preference?

7 A. I don't, but for the sake of not having
8 any confusion since the report calls it Method 2,
9 maybe we should stick with that.

10 Q. It does in the table of contents. That's
11 fair.

12 You offered testimony about Method 2 in
13 the Cabell County trial, correct?

14 A. I think so.

15 Q. Is that testimony on how Method 2 works
16 that you offered in Cabell County, that all applies
17 here, too? It's all the same?

18 A. Yes.

19 Q. Is it fair to say that Method 2 is the
20 same as Method 1, but without the assumption that
21 every order after the first flagged order is also
22 flagged?

23 A. Well, there's more than just that
24 difference, but that's one of the differences.

25 Q. Why did you add Method 2 to your flagging

1 analysis?

2 A. Because counsel suggested that as an
3 alternative example that could be applied to the
4 ARCOS data and the defendant transaction data.

5 Q. All right. I would like you to please
6 take out of your box Exhibit 5 and open that up,
7 please. And what this is, Dr. McCann, is just an
8 excerpt of your Appendix 8. Your appendices tend
9 to be very, very large, and so we try to excerpt
10 them to make it easier on folks.

11 MS. SWIFT: Isaac, if you would please add this
12 as the next exhibit, and let us know what number
13 that's going to be. I think we're at 4.

14 THE CONCIERGE: 4, correct.

15 (Whereupon, McCANN Deposition
16 Exhibit No. 4 was marked for
17 identification.)

18 BY MS. SWIFT:

19 Q. Dr. McCann, do you have that in front of
20 you, and do you agree with me that Exhibit 4 is an
21 excerpt from your Appendix 8?

22 A. Yes.

23 Q. You can see you very helpfully included
24 page numbers at the bottom, and what I'd like to
25 direct your attention to are just two of the pages

1 in this excerpt. The first one is Page 786. Do
2 you have that?

3 A. Yes.

4 Q. This page of your Appendix 8 reflects
5 total shipments to Lake County, Ohio identified by
6 the Common Sense Method - Maximum Monthly Trailing
7 Six-Month Pharmacy Specific Threshold. That's
8 Method No. 1, right?

9 A. Yes.

10 Q. And we're looking at shipments to
11 Walgreens pharmacies from 2006 to 2014?

12 A. Yes.

13 Q. Under Method 1, you flagged 91.2 -- sorry.
14 Strike that.

15 Under Method 1, you flagged 91.1 percent
16 of the dosage units of hydrocodone, correct?

17 A. Yes.

18 Q. Now, if you would, please, flip to
19 Page 795.

20 A. Yes.

21 Q. And this shows the same information, but
22 for Method 2, correct?

23 A. Correct.

24 Q. Under Method 2, you flag 24.1 percent of
25 the dosage units of hydrocodone for Walgreens,

1 right?

2 A. Correct.

3 Q. So going from Method 1 to Method 2, we
4 jump from 91 percent flagged to just 24 percent
5 flagged, correct?

6 A. Correct.

7 Q. Is it fair to say that that dramatic
8 difference comes from the fact that Method 2 gets
9 rid of the assumption that every order after the
10 first order is flagged? Is that what's doing most
11 of the work there?

12 A. Well, I would have to think through that a
13 little bit. I don't know about the dramatic
14 qualifier you put on the difference. The
15 difference is just numbers, but the difference is
16 that -- is the result of the calculation being
17 different. So it's not -- as you point out, it is
18 not that every shipment after that first flagged
19 shipment is flagged, but rather, only every
20 shipment thereafter that it would cause a month's
21 total to exceed the fixed -- the threshold that was
22 first triggered gets flagged.

23 Actually, these two results have different
24 interpretations. And so I'm not at all surprised
25 that one of them is 90 percent, and the other is

1 24 percent.

2 Q. Both Method 1 and Method 2 are called
3 Maximum Monthly Trailing Six-Month Pharmacy
4 Specific Thresholds, correct?

5 A. Correct.

6 Q. And that means they are both looking at
7 the previous six months to determine the maximum
8 amount sold in that six-month period?

9 A. Correct.

10 Q. But Method 2 doesn't use the recurrent
11 flagging assumption that you use in Method 1,
12 correct?

13 A. Correct.

14 Q. And therefore, Method 2 drops down to
15 flagging just 24 percent as opposed to 91 percent?

16 A. Correct.

17 Q. And you took issue with my qualifier of
18 calling that a dramatic difference. You don't
19 think it's dramatic to drop from 91 percent to
20 24 percent?

21 A. Well, they mean different things. So in
22 some context, 91 percent meaning one thing and
23 24 percent resulting from a different calculation
24 meaning something different would not be a dramatic
25 difference because you're not really measuring the

1 same thing. They ought to be interpreted
2 differently.

3 Now, if they really ought to have the same
4 interpretation and operating on the same data and
5 one gave you 91 percent and the other 24 percent, I
6 would say that's a dramatic difference, but not as
7 I interpret these numbers.

8 Q. If you got a 91 percent on a test, you
9 would feel very differently about it than if you
10 got a 24 percent on the test. Would you agree with
11 that?

12 A. That's a perfect example of an explanation
13 I'm trying to give you.

14 Q. All right. You don't have any opinion on
15 which method as between Method 1 and Method 2 is
16 the right way to flag orders as a substantive
17 matter, correct?

18 A. Correct.

19 Q. Flagging 91 percent of all orders, you
20 testified previously that it's a caricature to say
21 that that means 91 percent of the orders were
22 suspicious. Do you remember that testimony?

23 A. Correct.

24 Q. You believe it's a caricature to say that
25 all of the orders you flagged were actually

1 suspicious?

2 A. Correct, at least by that method, the one
3 that we've been talking about, Method 1.

4 Q. Well, let's look at a different method. I
5 think this is actually the same method.

6 If you look at -- we're sticking to
7 Appendix 8. Look at Page 3 of Appendix 8. It's
8 actually the second page of the excerpt.

9 A. Yes.

10 Q. In this page, we're still looking at
11 Method 1, the Maximum Monthly Trailing Six-Month
12 Threshold Method, but this Page 3 of Appendix 8
13 shows the numbers for all of the pharmacy
14 defendants, correct?

15 A. Yes.

16 Q. And it shows that you flagged 94 percent
17 of all orders for oxycodone and 90 percent of all
18 orders or hydrocodone for the five defendants in
19 Lake and Trumbull, correct?

20 A. Correct.

21 Q. You believe it's a caricature to say that
22 all of those orders that you flagged are actually
23 suspicious?

24 A. I don't recall the exact question and
25 answer that I was asked before where I described

1 the statement that was being made by you or
2 co-counsel as a caricature. It's not a correct
3 interpretation of those numbers to say that every
4 order thereafter was suspicious.

5 Q. It's also not a correct interpretation of
6 those numbers to say that all of the flagged orders
7 were diverted, right, sir?

8 A. Right. Certainly neither of those
9 interpretations of that data are interpretations
10 that I'm adopting. They're arithmetic, and I can
11 explain the arithmetic better than saying they were
12 suspicious or not suspicious.

13 Q. It's not your --

14 A. Someone else will give that testimony.

15 Q. But it's not your opinion that any of
16 those orders were diverted, correct?

17 A. I have no opinion one way or the other.

18 Q. You have no opinion one way or the other
19 whether any of those orders were suspicious?

20 A. Correct.

21 Q. You haven't seen any evidence suggesting
22 that any of your flagged orders were actually
23 diverted, correct, sir?

24 A. I haven't looked, but I have no idea one
25 way or the other.

1 Q. All right. The other new method in the
2 Lake and Trumbull report is -- I have it here as
3 Method G, but let's go with the numbers, Method 7,
4 correct?

5 A. Yes. I apologize. I see the subsections
6 are labeled A, B, C, D, E.

7 Q. Thank you.

8 A. So Method 2 is in Section B, and Method 7
9 is in Section G. Whichever way you want to call
10 them is fine with me.

11 Q. Is it fair to say that Method 1, 2, and 7
12 or Method A, B, and G, all three of those methods
13 are based at least in some sense or they're
14 supposed to be based on the method used in the
15 Masters Pharmaceuticals case?

16 A. At least in some sense as you said, yes.

17 Q. We now have three variations on the
18 maximum monthly trailing six-month threshold,
19 right? That's those same three methods?

20 A. Correct.

21 Q. Do you have any opinion whether Method A,
22 B, or G is the right way to do the maximum monthly
23 trailing six-month threshold method?

24 A. No, they're all the right way. They're
25 all -- they're all useful illustrations of applying

1 a flagging method to the ARCOS data supplemented
2 with the defendant transaction data. None of them
3 exactly replicate what is done in the -- described
4 in the Masters manual or alluded to more vaguely in
5 the Masters opinion.

6 Q. As a substantive matter, you don't have
7 any opinion about whether A, B, or G is better or
8 worse than any other method?

9 A. Correct.

10 Q. Have you ever talked to Mr. Rafalsky about
11 that fact?

12 A. About my opinion as to which of these is
13 best?

14 Q. No. Have you ever talked to Mr. Rafalsky
15 about which of those three methods, A, B, and G, he
16 thinks is the best one?

17 A. No.

18 Q. You don't have any opinion about whether
19 Methods C through F are the right way to identify
20 suspicious orders either, correct?

21 A. Correct.

22 Q. Let's go back to your Appendix 8. That's
23 Exhibit 4. And just to take a step back,
24 Appendix 8 is the section of your report that
25 Mr. Rafalsky relied on to show the results of the

1 flagging methods.

2 Are you aware of that?

3 A. No.

4 Q. Appendix 8 is the section of your report
5 that identifies the results of your flagging
6 methods, though, right?

7 A. Yes.

8 Q. And we were looking at Page 3 of
9 Appendix 8 before. That's the one that shows
10 shipments by all defendants to all of our
11 pharmacies in Lake and Trumbull Counties, and then
12 it has the percentages of orders that are flagged
13 by one of your methods, correct?

14 A. Correct.

15 Q. And you show those percentages of flagged
16 orders in a variety of ways, right? You show
17 percentage of total transactions, dosage units,
18 etcetera?

19 A. Yes.

20 Q. And you also show that information for a
21 variety of prescription opioid medications,
22 correct?

23 A. Correct.

24 Q. You can't tell from Page 3 of Appendix 8
25 which individual stores received any of the orders

1 you flagged, right?

2 A. Not from this page, no.

3 Q. It's just a table of rolled-up numbers for
4 all shipments to all of the defendants' pharmacies
5 in the two counties?

6 A. Correct.

7 Q. The same is true for the chart on Page 4
8 of Appendix 8, right? It's a flagging analysis
9 shown in the aggregate?

10 A. Correct.

11 Q. Page 4 shows a bar chart of all of
12 defendants' shipments of oxycodone to all stores in
13 the two counties all rolled up together?

14 A. Correct.

15 Q. Do you recall that there's a DEA
16 regulation that defines suspicious orders to
17 include orders of unusual size, orders deviating
18 substantially from a normal pattern, and orders of
19 unusual frequency? We've talked about that before?

20 A. Yes.

21 Q. You can't tell from the charting on Page 4
22 which of the defendants' pharmacies in Lake and
23 Trumbull Counties may have received an order of
24 unusual size however you choose to define unusual,
25 right?

1 A. Not from this page, but certainly from
2 some of the other 24 or 30,000 pages of the
3 underlying data, yes.

4 Q. Well, in Appendix 8, I don't think we have
5 quite that many pages. Appendix 8 is the only
6 appendix where you've identified the results of
7 your flagging analysis, right?

8 A. No, I don't think that's true. The code
9 and the data that we produced to you will produce
10 output and includes all of the individual
11 transactions identifying all of the pharmacies that
12 it ships to.

13 Q. And I'm talking about the charts that you
14 put together and put in your appendices so that the
15 lawyers who aren't data consultants can look at it.
16 I understand what you're saying that you have code
17 that somebody can go and look at.

18 In the charts you produced and attached to
19 your report, Appendix 8 is where you show us the
20 visual depiction of your flagging analysis,
21 correct?

22 A. Correct.

23 Q. You can't tell from the charts in
24 Appendix 8 whether any particular order that you
25 flagged for a particular store was of unusual size

1 no matter how you define unusual?

2 A. If what you're asking is are there
3 individual transactions identified in any way
4 whether they were of unusual size or not or in any
5 way, are there any individual transactions listed
6 in these summary tables and figures, of course,
7 not.

8 Q. You can't identify any particular order
9 from the charts in Appendix 8?

10 A. Correct. These are summarizing those
11 individual orders that are available to you in the
12 underlying data.

13 Q. You can't tell whether any particular
14 pharmacy in Lake and Trumbull County received any
15 particular order that deviated substantially from a
16 normal pattern no matter how you choose to define
17 deviation, normal, or pattern from any of the
18 charts in Appendix 8?

19 A. Not from the charts that summarize that
20 data, but the data is underlying these charts and
21 available to you easily in what we produced to you.

22 Q. Understood. Did you produce the
23 underlying data and code that you've been talking
24 about to Mr. Rafalsky?

25 A. Not that I'm aware of. I didn't produce

1 it to anybody except the attorneys.

2 Q. You can't tell from the charts in
3 Appendix 8 whether any of the pharmacies in Lake
4 and Trumbull County received orders of unusual
5 frequency however you might define that term?

6 A. I'm sorry. That question was a little
7 different than the prior question. Can you ask
8 that again, please?

9 Q. You can't tell from the charts in
10 Appendix 8 whether any of the pharmacies in Lake
11 and Trumbull County received orders of unusual
12 frequency however you might define that term?

13 A. I don't think that's correct. I would
14 have to look, but I think somewhere here, but it
15 may be in a different appendix, we've got the
16 results of flagging methods graphed for individual
17 pharmacies. I just have to check that. Visually
18 that's in my memory.

19 Q. Why don't you take a look at your table of
20 contents in your reports, and let me know what
21 appendix you think that is because as far as we can
22 tell, Appendix 8 is the only one that identifies
23 the results of your flagging analyses.

24 THE VIDEOGRAPHER: Excuse me. I have about
25 seven minutes before I have to change the media.

1 Just letting you know.

2 MS. SWIFT: Thank you. I appreciate it.

3 THE WITNESS: Well, looking at the table of
4 contents won't help me, but what I'm referring to
5 is in the excerpt that you put in front of me of
6 Appendix 8. We've got, for instance, Page 4, which
7 is a line -- a bar chart, and there may be another
8 one later. And this is for the distributors to all
9 their pharmacies.

10 I believe visually I see something that
11 looks like this with shipments to an individual
12 pharmacy identified by its DEA number, and it looks
13 very similar. It's got blue sections and red
14 sections, the red sections being transactions or
15 dosage units that are flagged. I'll just have to
16 verify that, but visually I'm seeing that in my
17 memory.

18 BY MS. SWIFT:

19 Q. All right. I'm going to go ahead and
20 introduce another exhibit that's the full version
21 of Appendix 8. It's not in your box because these
22 appendices are huge, but I want you to have the
23 opportunity to see it and tell me what you're
24 talking about. It's going to take forever to do
25 it. We'll try to do that.

1 Is what you're talking about, Dr. McCann,
2 the fact that you've got -- well, we'll come back
3 to it once that's loaded. I don't want to do it
4 without you having it in front of you.

5 Would you agree with me that even with
6 respect to charts for individual pharmacies in
7 Appendix 8, you can't say anything about any
8 particular individual order in those charts?

9 A. Yes.

10 Q. You can't tell from the flagging analyses
11 in Appendix 8 whether some individual pharmacies
12 have more flags than other pharmacies. Is that a
13 fair statement?

14 A. I don't think so. If I'm visualizing it
15 correctly, you could see some pharmacies that had
16 very few or very short red sections in their red
17 and blue bars and other pharmacies that had, you
18 know, primarily red. So certainly it's possible to
19 compare one pharmacy to another based on these bar
20 charts.

21 Q. The flagging analyses in Appendix 8 are
22 only applied to the five defendant pharmacies,
23 correct?

24 A. Yes.

25 Q. The flagging methods that you used lead to

1 very different results depending on the method,
2 correct?

3 A. Well, the interpretations are different so
4 that the numbers, if that's what you mean by the
5 results, the numbers are different as you look at
6 one of these methods versus another.

7 Q. So, for example, sticking with the
8 excerpts that you've got in hard copy, if you look
9 at Page 813 of Appendix 8, that shows the results
10 of Method D, the three times trailing 12-month
11 average, right?

12 A. Yes.

13 Q. And for Walgreens, zero orders are flagged
14 for hydrocodone, correct, using that method?

15 A. Correct.

16 Q. But then if you look at Page 831 of
17 Appendix 8, that shows the results of Method F, the
18 Maximum Daily Dosage Units Method?

19 A. Yes.

20 Q. And there for Walgreens, 100 percent of
21 the orders for hydrocodone are flagged, correct?

22 A. Correct.

23 Q. So depending on which method you use, you
24 get a range literally from zero flagged orders to
25 100 percent of orders flagged, right?

1 A. For Walgreens for hydrocodone, that's
2 correct.

3 Q. You have no opinion on whether these
4 methods would provide any helpful information to
5 someone trying to determine whether diversion of
6 opioids is occurring in the real world, right?

7 A. No, I wouldn't say that. I believe these
8 methods do -- would provide useful information in
9 at least a couple of ways.

10 Q. All right. Go ahead and tell me what
11 those ways are.

12 A. Well, the first and the primary maybe only
13 way that I'm putting them to use is to show what --
14 what the distributor defendants here could have
15 done with the data that they had. Not to say they
16 would have done any one of these seven things, but
17 these are seven illustrations of what could be done
18 with the data to implement some sort of
19 supervision.

20 I'm not saying any one of these particular
21 methods ought to have been used, but I'm just
22 implementing the methods on the cleaned-up data and
23 trying to explain how the results should be
24 interpreted. I think that that provides useful
25 information to someone, perhaps, in real time

1 thinking about how to surveil their shipments.

2 Q. But you're not a subject matter expert who
3 is going to come in and offer any explanation about
4 how methods that range from zero flagged orders to
5 100 percent of flagged orders can help you figure
6 out if there's diversion of opioids going on in the
7 real world. That's not going to be you, right?

8 A. Well, that was a compound question, but
9 I -- so the first part of your question, you're
10 right. I'm not a subject matter expert. The rest
11 of your question, I think, dealt with whether I
12 intend to explain to the Court how these seven
13 methods could be used to implement some sort of a
14 monitoring system. The answer to that is also no.

15 MS. SWIFT: I understand we need to go off the
16 record to change the tape.

17 THE VIDEOGRAPHER: We are going off the record.
18 The time now is 9:34.

19 (Whereupon, a short break was
20 taken.)

21 THE VIDEOGRAPHER: We are back on the record.
22 This is the start of media No. 2. The time is
23 9:54.

24

25

1 (Whereupon, McCANN Deposition
2 Exhibit No. 5 was marked for
3 identification.)

4 BY MS. SWIFT:

5 Q. Dr. McCann, I'm going to share my screen
6 and show you what we've introduced as Exhibit 5,
7 which is the full version of your Appendix 8.

8 Do you see that on the screen?

9 A. Yes.

10 Q. I believe that you testified before the
11 break that you thought that there were somewhere in
12 Appendix 8 your flagged transaction reports,
13 reports for individual pharmacies; is that right?

14 A. Or close. What I said was somewhere in
15 the appendices, I visualized graphs that look
16 similar that were specific to individual
17 pharmacies.

18 Q. Well, Appendix 8 is where you show the
19 results of your flagging analysis, the flagged
20 orders for each of your methods, correct?

21 A. Yes.

22 Q. I flipped through the full version of
23 Appendix 8, it's about 2,600 pages, on the break,
24 and I'm happy to do it on the record. I didn't see
25 any flagging reports in Appendix 8 for individual

1 pharmacies.

2 Would you like me to flip through it with
3 you so that you can confirm that's true?

4 A. No. If you've done it, I'm sure that's
5 correct. It may be a slightly different version of
6 these bar charts that I'm thinking about that are
7 pharmacy-specific, for instance, that show
8 shipments of the different opioids collectively or
9 individually maybe with national state averages
10 overlaid. So they have a similar look, but they're
11 not exactly the same.

12 Q. To be clear, what I'm focused on is your
13 flagging analyses. Sitting here today, can you
14 identify any appendices that you have produced to
15 us that show flagging analyses for individual
16 pharmacies?

17 A. Not that I'm aware of. Not that I can
18 recall as I sit here.

19 Q. Okay. You ran your distribution flagging
20 analyses two different ways, once looking at
21 distribution from the pharmacies' own distribution
22 centers to their own pharmacies, and then the
23 second analysis looks at distribution from any and
24 all distributors to those same pharmacies, correct?

25 A. Correct.

1 Q. Those two different ways of running your
2 flagging analyses also lead to different results?

3 A. Correct.

4 Q. Take a look, if you would, please -- I'll
5 put it on the screen. This is Page 489 of
6 Appendix 8. Do you see that?

7 A. Yes.

8 Q. At Page 489 of Appendix 8, you can see
9 that you've got zero flagged orders of oxycodone
10 for CVS under your Method A, correct? This should
11 also be in your hard copy excerpt.

12 A. Yes.

13 Q. And then if you look at Page 1732 of
14 Appendix 8, you see that for the same -- the very
15 same method, Method A, there you flagged
16 96.3 percent of orders of oxycodone for CVS,
17 correct?

18 A. Yes, but you may not be interpreting those
19 two sets of numbers correctly or fully.

20 Q. Well, let me ask my question. I'm right
21 that both of those numbers that we just looked at,
22 zero flagged orders on Page 489 and the
23 96.3 percent of flagged orders on Page 1732, both
24 of those numbers reflect results for Method A?

25 A. Correct.

1 Q. In the first page, Page 489, you did not
2 include any shipments except those that CVS made
3 from its own distribution centers, correct?

4 A. CVS didn't make any shipments from its own
5 distribution centers. That's why the number of
6 flagged transactions is zero because the number of
7 transactions, period, is zero.

8 Q. But in the second page on Page 1732, you
9 get 96.3 percent flagged orders because there
10 you're including shipments from other distributors
11 like Cardinal or McKesson or AmerisourceBergen,
12 correct?

13 A. To CVS pharmacies, correct.

14 Q. You don't have any substantive opinion
15 about whether it's appropriate under the law to
16 include shipments from other distributors to CVS
17 pharmacies in a flagging analysis, right?

18 A. Correct.

19 Q. You don't have any opinion whatsoever on
20 whether the Controlled Substances Act requires CVS
21 to monitor and report shipments from other
22 distributors, right?

23 A. Correct.

24 Q. Do you have any plans to add additional
25 flagging methods to your opinions in the future?

1 A. Not as I sit here. There may well be
2 other illustrations of flagging methods that will
3 come up over the next few years, and it might be
4 useful to show how they operate on the data, but
5 I'm not aware of any such additional example I'd
6 like to illustrate.

7 Q. I'm not talking about examples. We talked
8 about that a bit before, and I understand you don't
9 have any additional examples created that you
10 haven't given us, right?

11 A. Correct.

12 Q. I'm talking about additional flagging
13 methods. You know, we've been working on these
14 cases for several years now. We've had five
15 methods, and then it went to six, and now we're at
16 seven.

17 Do I understand your testimony to be that
18 sitting here today, you're not planning on adding
19 any others?

20 A. There's a whole bunch of color in that
21 question that I'm not accepting, but I agree with
22 that statement that I'm not intending, as I sit
23 here, to add any additional illustrations of what
24 flagging methods could be applied to the ARCOS
25 data.

1 Q. I'm sorry. I'm not communicating clearly,
2 I think. I'm not asking about examples or
3 illustrations. I'm asking about the methods
4 themselves.

5 As you sit here today, do you anticipate
6 adding additional flagging methods on the
7 distribution side besides the seven that we now
8 have?

9 MR. MOUGEY: Objection.

10 THE WITNESS: You don't like my answer, but
11 it's the same answer. I think of each of these
12 methods as illustrations or as examples of what can
13 be done with the data. And so when I say I'm not
14 thinking about any additional illustrations or
15 examples of what can be done with the data, I mean
16 I'm not thinking about a Method 8.

17 BY MS. SWIFT:

18 Q. Okay. Am I right that you can't tell me
19 that you won't add additional flagging methods?

20 A. Correct.

21 Q. In the Lake and Trumbull County cases, you
22 concluded that the pharmacies reported all of their
23 shipments of opioid medications to DEA's ARCOS
24 database, correct?

25 A. I'm sorry. I think the answer is no, but

1 could you read that again? Ask that again, please.

2 Q. In the Lake and Trumbull County cases, you
3 concluded that the pharmacies reported all of their
4 shipments of opioid medications to DEA's ARCOS
5 database, correct?

6 A. No.

7 Q. Are you quibbling with that because you
8 found some small deviations between the defendants'
9 transactional data and what you saw in DEA's ARCOS
10 data?

11 A. I don't think that it's a quibble or that
12 the deviations are small. In the case of Walmart,
13 I think there's several months where there are
14 significant shipments missing from the ARCOS data
15 that we see in the defendant transaction data. And
16 for some of the other distributor chain
17 distributors, we see maybe one or two months where
18 the shipments missing in the ARCOS data are quite
19 substantial. That's how I would characterize it.

20 Q. Other than those one or two months for
21 certain distributors, and I think you said several
22 months for Walmart, are there any other aspects of
23 the defendants' transaction data that you think are
24 missing from ARCOS?

25 A. Not that I can think of as I sit here.

1 Q. You have ARCOS data for all of the five
2 pharmacies dating from 2006 to 2014; is that right?

3 A. Correct.

4 Q. As you sit here today, you can't identify
5 more than a handful of months of data that are
6 missing from the ARCOS data; is that right?

7 A. Missing largely or in their entirety from
8 a particular distribution center. There are other
9 months where the differences are there, but they're
10 small.

11 Q. Am I right that you compared the DEA's
12 ARCOS data to the defendants' transactional data in
13 order to make a conclusion about the reliability of
14 the ARCOS data?

15 A. Yes.

16 Q. You concluded that the ARCOS data produced
17 by the DEA was very, very similar to the
18 transactional data produced by the pharmacies,
19 correct?

20 A. Correct.

21 Q. DEA also makes summaries of the ARCOS
22 database available to the public, correct?

23 A. Yes.

24 Q. The DEA has done that for decades, right?

25 A. I don't know how far back it goes, but a

1 couple decades worth of data is available. I don't
2 know when they started putting the retail drug
3 summary reports up.

4 Q. At last as far back as 2006?

5 A. I don't know. I accessed them in 2018.
6 Whether they were first put up in 2006 or not, I
7 don't know.

8 Q. Take a look at Paragraph 18 of your
9 April 16th report, please.

10 A. Yes.

11 Q. You concluded that the ARCOS data is
12 reliable, in part, because it closely matches the
13 DEA's retail drug summary reports for January 2006
14 through December 2014, correct?

15 A. Yes.

16 Q. Those retail drug summary reports from the
17 DEA are available to the public, correct?

18 A. Correct.

19 Q. That's true for all 50 states. You say
20 that in Paragraph 18 of your report?

21 A. Correct.

22 Q. The flagged order opinions that we've been
23 discussing this morning all relate to the shipping
24 of opioids from a distributor to a pharmacy,
25 correct?

1 A. I'm sorry. I missed the first couple of
2 words in your question.

3 Q. The flagged order opinions we've been
4 discussing this morning all relate to the shipping
5 of opioids from a distributor to a pharmacy,
6 correct?

7 A. Correct.

8 Q. You've offered those distribution-related
9 opinions in roughly a half dozen opioids cases. Is
10 that a fair statement?

11 A. Yes.

12 Q. For the first time in this case, the Lake
13 and Trumbull County case, you've also offered
14 opinions related to the pharmacies dispensing of
15 opioids, the filling of prescriptions at the
16 pharmacy counter, correct?

17 A. Correct.

18 Q. You calculated numbers of so-called red
19 flag prescriptions that the pharmacies dispensed,
20 right?

21 A. Correct.

22 Q. You did not come up with the criteria that
23 were used to identify a red flag prescription. Am
24 I right about that?

25 A. Yes.

1 Q. You took criteria from somebody else and
2 applied them to the pharmacies' dispensing data; is
3 that fair?

4 A. Correct.

5 Q. You only -- you only applied red flag
6 criteria to prescriptions filled by the five
7 pharmacies that are defendants in this case, right?

8 A. Bear with me a minute, please. Yes.

9 Q. Are you aware that the Ohio Board of
10 Pharmacy produced dispensing data for every
11 pharmacy in the state in this case?

12 A. Generally, I'm aware that there was, but I
13 think it's referred to as OARRS data produced if
14 that's what you're referring to.

15 Q. That is what I am referring to. You're
16 aware that the Ohio Board of Pharmacy produced its
17 OARRS data for every pharmacy in the state of Ohio?

18 A. Generally I'm aware of that. I wouldn't
19 confirm, as I sit here, that it was for every
20 pharmacy in the state of Ohio, but in general,
21 that's how I understand the data.

22 Q. Did you run any red flag analyses over the
23 data for other pharmacies besides the five that are
24 in this case?

25 A. No. We didn't use the OARRS data.

1 Q. Why not?

2 A. It's a two-part answer there, I guess, but
3 we didn't use the OARRS data.

4 Q. Why didn't you use the OARRS data?

5 A. Well, the OARRS data doesn't contain the
6 same information as the defendant dispensing data
7 does. In particular, my recollection is that it
8 only identifies the three-digit zip code that the
9 patient lives in, and so you can't usefully measure
10 the distance between the patient and the pharmacy.
11 You can't usefully estimate it between the patient
12 and the pharmacy or the patient and the prescriber,
13 and that is -- that distance is a component of a
14 number of the prescription red flagging methods.

15 Q. Are you aware that the drug name appears
16 in the OARRS data?

17 A. Yes. Yes.

18 Q. The NDC number for the drug appears in the
19 OARRS data?

20 A. I didn't look at the data in detail. I'm
21 not disputing that those items are there. I'm
22 saying that the main thing, the reason we didn't
23 use it was because of the three-digit zip code
24 issue on the patient. I don't recall what else is
25 there.

1 Q. Okay. If I said to you that the drug
2 name, the NDC number, the date the prescription was
3 filled, the quantity dispensed, the dosage form,
4 the day supply, the prescriber's name, the quantity
5 prescribed, the method of payment, all of that
6 information is in the OARRS data, do you have any
7 reason to dispute that?

8 A. No.

9 Q. Is there any other reason besides the one
10 that you've mentioned about the zip code that you
11 did not run any flagging analyses on the OARRS
12 data?

13 A. There may be other reasons, but that was a
14 sufficient reason to not run it on the OARRS data.

15 Q. Can you think of any other reasons as we
16 sit here today?

17 A. No.

18 Q. The number of red flag prescriptions that
19 you've identified or that have been identified in
20 this case has been something of a moving target.

21 Would you agree with me that the number of
22 red flag prescriptions that you've identified has
23 changed over the course of the case?

24 A. No, I don't think so, and I wouldn't
25 characterize it as a moving target. I think there

1 are different calculations that were asked for, and
2 the resulting number, the quantum is different, but
3 that's because they're different calculations.

4 Q. All right. Let's walk through a bit of
5 that history because I just want to make sure we're
6 on the same page with what we're talking about.

7 MS. SWIFT: And Isaac, I'm going to ask you to
8 introduce some additional exhibits as we go through
9 this, please.

10 BY MS. SWIFT:

11 Q. The first one is in your box, Dr. McCann,
12 and it's -- for Isaac's sake, it's Exhibit 7, and
13 we'll introduce this. I think it will be No. 6.

14 THE CONCIERGE: 6, yes.

15 (Whereupon, McCANN Deposition
16 Exhibit No. 6 was marked for
17 identification.)

18 BY MS. SWIFT:

19 Q. Sorry. For you, Dr. McCann, it's 7 in the
20 box. It will be marked as 6. I know that's
21 confusing.

22 A. Yes.

23 Q. This exhibit that we marked for the
24 deposition as Exhibit No. 6 says on the top of this
25 Track 3 Case Management Order Nunc Pro Tunc.

1 Do you see that?

2 A. Yes.

3 Q. If you turn to Page 3 of this exhibit, do
4 you see the deadline of June 19, 2020?

5 A. Yes.

6 Q. It says that plaintiffs shall identify for
7 defendants the prescriptions they and their experts
8 conclude caused them the harm for which they seek
9 relief, the methodology or methodologies they and
10 their experts used to reach such a conclusion, and
11 the electronic scripts or analytical programs used
12 by plaintiffs and/or their experts to implement
13 that methodology by June 19th of 2020.

14 Do you see that?

15 A. Yes.

16 Q. Were you aware of that deadline?

17 MR. MOUGEY: Objection.

18 THE WITNESS: I don't recall. It's a year ago
19 now, but I probably was at the time. I just don't
20 recall.

21 BY MS. SWIFT:

22 Q. Now I'd like you to take out what's in
23 your box as WAG 9. This will be Exhibit 7.

24

25

1 (Whereupon, McCANN Deposition
2 Exhibit No. 7 was marked for
3 identification.)

4 BY MS. SWIFT:

5 Q. 9 in the box is going to be marked as 7.
6 Dr. McCann, do you see that what we're marking as
7 Exhibit 7 is a document that says Plaintiffs'
8 Discovery Submission Pursuant to Case Management
9 Order and Responses and Objections to Pharmacy
10 Defendants' First Set of Interrogatories?

11 A. Yes.

12 Q. Have you ever seen this document before?

13 A. I don't think so.

14 Q. You can see that it's dated and signed by
15 Peter Mougey June 19, 2020, correct?

16 A. Yes.

17 Q. If you look at Page 3 of Exhibit 7,
18 please -- well, let's start at Page 2, request
19 No. 25. Do you see that?

20 A. Yes.

21 Q. It says identify each prescription which
22 you contend supports your claims in this case
23 caused harm for which you seek to recover in this
24 case or should not have been filled, and then it
25 asks for some specific information about those

1 prescriptions.

2 Do you see that?

3 A. Yes.

4 Q. On Page 3 in the plaintiffs' response, do
5 you see on the third line the reference to
6 Exhibit A?

7 A. Yes.

8 Q. The response says that Exhibit A
9 identifies red flag criteria or identifying red
10 flag prescriptions.

11 Do you see that?

12 A. Yes.

13 Q. Then it references an Exhibit B, and it
14 says Exhibit B identifies a summary of red flagged
15 prescriptions.

16 Do you see that?

17 A. Yes.

18 Q. The response from the plaintiffs notes
19 that 25 percent of all prescriptions produced in
20 the case have red flags.

21 Do you see that?

22 A. I would read the sentence into the record.
23 I'm not sure it's exactly as you said it. It's
24 close.

25 Q. It says -- the sentence reads a total of

1 1,106,170 prescriptions, 25.46 percent of the total
2 prescriptions produced, were flagged by at least
3 one red flag criteria, correct?

4 A. Correct.

5 Q. I apologize if I just asked you this, but
6 have you seen this response before?

7 A. No, not that I recall.

8 Q. Well, that might make it hard to answer
9 this question, but do you know if you helped the
10 plaintiffs put this response together?

11 A. I didn't personally. Certainly my office
12 ran the red flag analysis and produced results
13 that, I think, fed into this. I might be wrong
14 about that, but that's my kind of vague
15 recollection.

16 Q. Well, I would like to show you Exhibits A
17 and B and see if we can confirm that. If you
18 would, please, take out WAG 10 from your box.

19 MS. SWIFT: And Isaac, if you would go ahead
20 and introduce that, I'd appreciate. Are we at
21 Exhibit 8, Isaac?

22 THE CONCIERGE: 8, correct.

23 (Whereupon, McCANN Deposition
24 Exhibit No. 8 was marked for
25 identification.)

1 THE WITNESS: Yes.

2 BY MS. SWIFT:

3 Q. Dr. McCann, do you see that Exhibit 8
4 includes 27 red flag criteria?

5 A. Yes.

6 Q. Have you seen this document before?

7 A. I don't believe so, not in this form
8 anyway.

9 Q. Do you have any idea where these 27 red
10 flags came from?

11 A. Well, generally in my initial expert
12 report, there's a footnote that just gives my
13 general understanding.

14 Q. And we'll get to your April report in a
15 little bit, but focusing on these 27 red flags that
16 the plaintiffs disclosed to us in June of 2020, do
17 you know who put those red flag criteria together?

18 A. No, not in any complete sense.

19 Q. Do you know in an incomplete sense?

20 A. Well, they were provided to my office --
21 to my office by counsel. So how they assembled
22 those 27 from different sources, I don't know.
23 Ultimately, I attribute the 27 methods to counsel
24 who provided them to me.

25 Q. Do you know whether plaintiffs' lawyers

1 drafted these 27 red flag criteria?

2 A. I don't know who all contributed to the
3 drafting, but clearly counsel would have
4 contributed to the drafting. After all, it's an
5 exhibit to their brief or their response.

6 Q. Who among the plaintiffs' lawyers provided
7 you with these 27 red flag criteria?

8 A. I don't know. I would have to go back and
9 check the correspondence.

10 Q. Do you know whether these 27 red flag
11 criteria that are marked as Exhibit 8 were drafted
12 by another hired consultant who is working for the
13 plaintiffs' lawyers?

14 A. I don't know.

15 Q. Do you know whether someone with expertise
16 in pharmacy practice put together these 27 red flag
17 criteria?

18 A. I don't know.

19 Q. Have you ever talked to the plaintiffs'
20 pharmacy consultant, Carmen Catizone, about these
21 27 red flag criteria?

22 A. Not in any detail. There was some
23 discussion of these, perhaps, in one or two or
24 three calls with Mr. Catizone -- not one or two or
25 three. Three or four calls over the last year with

1 Mr. Catizone. I don't recall whether -- I don't
2 recall to what extent these 27 were discussed, but
3 the discussion was primarily on the first 16 that
4 are in my report.

5 Q. And we'll get to this in more detail, but
6 just to try to make sure we're on the same page,
7 your April 16 report lists 43 red flags, correct?

8 A. Correct.

9 Q. The first 16 red flags are the ones that
10 came from Mr. Catizone; is that right?

11 A. That's my understanding. We also got them
12 from counsel, but my understanding is they came
13 ultimately from Mr. Catizone.

14 Q. And we can go one by one and compare them
15 if you'd like, but do you know sitting here without
16 doing that that Flags 17 through 43 in your report
17 are the same as the 27 red flags we're looking at
18 right now?

19 A. I don't know with certainty because I
20 haven't seen Exhibit 8 before, but they very likely
21 are.

22 Q. You said you think you talked to
23 Mr. Catizone a little bit, but not in detail about
24 these 27 flags.

25 What specifically did you discuss with him

1 about the 27?

2 A. I don't know whether we did or not. We
3 may have had some fleeting discussion of the 27.
4 As I said, the discussion that I recall was really
5 about the first 16.

6 Q. Did you ever discuss with Mr. Catizone the
7 27 red flag criteria reflected in Exhibit 8 before
8 June 19th of 2020?

9 A. I'm sorry. I missed a little part of
10 that. Can you ask that again?

11 Q. Sure. Did you ever discuss with
12 Mr. Catizone the 27 red flag criteria that are
13 reflected in Exhibit 8 before June 19, 2020?

14 A. Almost definitely not, but I can't be
15 100 percent sure, but almost certainly not.

16 Q. Have you ever talked to any other hired
17 consultant working for the plaintiffs' lawyers
18 about the 27 red flag criteria?

19 A. I don't think so, not that I recall and
20 certainly not in any substantive way.

21 Q. Now I'd like you to open what's WAG 11 in
22 your box and will be Exhibit 9.

23 (Whereupon, McCANN Deposition
24 Exhibit No. 9 was marked for
25 identification.)

1 BY MS. SWIFT:

2 Q. This is the Exhibit B that was referenced
3 in the plaintiffs' discovery responses that we
4 looked at a few minutes ago that talked about the
5 25 percent of prescriptions being flagged.

6 Do you recognize it?

7 A. No.

8 Q. Do you know whether this document reflects
9 your work or the work of your firm?

10 A. Well, I believe it reflects our work.

11 Q. Why do you believe it reflects your work?

12 A. Well, because in the past, I have seen
13 Excel files or PDF printouts that included what you
14 have in Column 1 here, the Red Flag Method
15 identified as Red Flag 1 through Red Flag 27. And
16 I've seen the number of flagged prescriptions and
17 the percentages. So I've seen data that looks like
18 this.

19 As I said, I haven't seen this particular
20 document or this format, but I've seen work like
21 this. And it's actually a lot of work to get to
22 here. So I don't think someone else did it. I
23 think we probably created the numbers that go into
24 this particular exhibit.

25 Q. There are numbers of flagged prescriptions

1 reflected in Exhibit 9 for the five pharmacy
2 defendants for red flags numbered 1 through 27.

3 Do you know whether those numbers are
4 based on the 27 red flag criteria we were looking
5 at a moment ago?

6 A. I believe they are, but I don't know that
7 with certainty because I'm not familiar with this
8 precise document; but they look like the results of
9 analysis that we've done for those 27 red flags.

10 Q. Do you know whether this analysis shows
11 prescriptions that caused the plaintiffs harm?

12 A. I don't know.

13 Q. Did you do anything at all in the course
14 of your work for the plaintiffs' lawyers to
15 determine whether any red flagged prescription
16 caused plaintiffs harm?

17 A. No.

18 Q. Did you know that the plaintiffs' lawyers
19 have relied on this analysis to show the
20 prescriptions they and their experts conclude
21 caused them the harm for which they seek relief in
22 this case?

23 A. Well, I don't think that's consistent,
24 your statement just now, with the order that you
25 showed me earlier, but in any case, I'm not aware

1 one way or the other.

2 Q. Let's look at it again. I don't want
3 there to be any confusion.

4 That's Exhibit 6, which was 7 in your box.
5 And at Page 3, the Court said plaintiffs shall
6 identify for defendants the prescriptions they and
7 their experts conclude caused them the harm for
8 which they seek relief, correct?

9 A. Correct.

10 Q. Have you ever talked to any other hired
11 consultant working for the plaintiffs' lawyers
12 about how your red flag prescription analysis might
13 demonstrate harm caused to the plaintiffs in this
14 case?

15 A. I don't believe so. The closest would
16 have been in some discussions that I participated
17 in with Professor Cutler, but I don't recall
18 whether that particular -- as you've phrased it,
19 whether that came up. I don't think so because
20 Professor Cutler was not explaining his methodology
21 to me. We were explaining our calculations to him.
22 So the information flow is not as your question
23 would imply.

24 Q. And if I understand your testimony, you
25 weren't explaining to Mr. Cutler how your red flag

1 analysis of prescriptions might have shown harm to
2 the plaintiffs. That wasn't part of your work?

3 A. Correct.

4 Q. On the interrogatory responses that are
5 marked as Exhibit 8 that you looked at a moment
6 ago -- that's wrong. The rog responses are 7.

7 A. I apologize. I wasn't writing the number
8 on the paper.

9 Q. I appreciate that.

10 A. That's 7 of the plaintiffs' discovery
11 submission?

12 Q. Yes. If you go back to the page we were
13 looking at before, which was Page 3 where the
14 exhibits are mentioned, there's also reference to
15 Exhibits C, D, and E.

16 Do you see those on Page 3?

17 A. Yes.

18 Q. Exhibit C is titled Patients With High
19 Annual Dosage Units. B is a Subset of Eight Flags,
20 and E is Prescriptions Flagged Multiple Times.

21 Do those exhibits reflect your work as
22 well to the best of your knowledge?

23 A. Yes.

24 Q. Why did you put those together? Was it
25 just the plaintiffs' lawyers asked you to run some

1 analysis, or was there more to it than that?

2 A. I didn't put those together. Maybe I
3 misunderstood your prior question. These subsets
4 or different combinations reflect our
5 implementation of the 27 flagging methods to our
6 cleaning of the dispensing data. Whether -- we
7 certainly would not have specified particular
8 subsets, but we may have been given particular
9 subsets and asked to create the numbers, the
10 results for those subsets. I don't know one way or
11 another whether they did.

12 That -- we certainly didn't create or
13 define these subsets or combinations and -- but
14 nonetheless, I believe that the results here
15 reflect our work. Again, I can't imagine that
16 anybody else did the underlying flagging of the
17 prescriptions.

18 Q. Do you know who did create those subsets
19 for you to run the data on?

20 A. No.

21 Q. Did you ever talk to any other hired
22 consultant for the plaintiffs about Exhibits C, D,
23 and E reflected here?

24 A. Not that I recall. I don't think so.

25 Q. Do you know what the purpose of putting

1 together those exhibits was?

2 A. No.

3 Q. Take out for me, if you would, please,
4 your April 16th report.

5 A. Yes.

6 Q. And turn, if you would, to Page 150.

7 A. Yes.

8 Q. This is the section of your report about
9 red flags on dispensing data, correct?

10 A. Correct.

11 Q. You list starting at Page 150 43 red
12 flags, right?

13 A. Yes.

14 Q. I believe you said a few moments ago that
15 you weren't certain that Flags 17 through 43 were
16 the same 27 flags we were talking about a few
17 minutes ago. So what I'd like to do is compare
18 them so that we can be certain about it.

19 Do you have the red flag criteria handy?

20 A. Is that Exhibit A?

21 Q. Yes.

22 A. I'm sorry. What exhibit are you calling
23 that in this deposition, please?

24 Q. I am calling that one Exhibit 8.

25 A. Okay. Yes, I have it.

1 Q. Would you agree with me that your Flag 17
2 in your April report is the same as Flag 1 in
3 Exhibit 8?

4 A. Yes. The wording is a little bit
5 different, but I looked at the first three, and I
6 think that the wording in the two documents
7 describe the same three methods.

8 Q. Just to make sure I understand what you're
9 saying, you believe your Red Flags 17, 18, and 19
10 from the April report are the same as Flags 1, 2,
11 and 3 in Exhibit 8?

12 A. Yes. The wording, the structure of the
13 sentences and the order is different, but as I read
14 them quickly, they seem to be saying the same
15 thing.

16 Q. Great. Look at No. 19 for me then. Would
17 you agree that that's the same -- No. 19 in your
18 April 2021 report is the same as No. 4 in
19 Exhibit 8?

20 A. I think the language in the expert report
21 is a little more precise. On that example, there's
22 a little bit more information in my description on
23 Item 19 than in the Exhibit 8 at No. 4, but they're
24 referring to the same thing.

25 Q. Would you agree that No. 20 in your April

1 report is the same as No. 5 in Exhibit 8?

2 A. Yes. I can't recall the quantification.
3 I think that my 21 has a little bit more
4 information than the description at Item 5 and, I
5 think, is a little bit more precise. The wording
6 of these are slightly different as was true for the
7 first four, but I think they're describing the same
8 methods.

9 Q. So just to be clear, though, your 20 in
10 the April report is the same as 5 in Exhibit 8?

11 A. Yes, I believe so.

12 Q. What about 21 in the April report, is that
13 the same as No. 6 in Exhibit 8?

14 A. Yes. The description -- as with the first
15 five, the description is slightly different, but
16 they're referring to the same test.

17 Q. 22, is that the same as No. 7 in
18 Exhibit 8?

19 A. I'm sorry. The numbering is -- I keep
20 getting confused by our numbering. I think 23
21 lines up with 7; is that correct?

22 Q. I have to ask you. You're the only one
23 who's under oath.

24 Is it your understanding that 23 is the
25 same as No. 7?

1 A. Yes. In some of your questions, you've
2 been off by one number, I think.

3 Q. All right. Let's go back.

4 You're confident 23 is the same as 7?

5 A. Well, let me read it carefully. Yes.

6 Q. What about 22?

7 A. 6.

8 Q. 21, where does 21 fit in?

9 A. It lines up with 5.

10 Q. And what about 20?

11 A. It lines up with 4. 19 lines up with 3.
12 18 lines up with 2. 17 lines up with 1. That's
13 why I say you were -- somehow you got off one
14 number, and it was confusing me.

15 Q. Okay. Does 24 -- does 24 line up with 8?

16 A. Yes.

17 Q. Does 25 line up with 9?

18 A. Yes.

19 Q. Is 26 the same as 10?

20 A. Yes.

21 Q. Is 27 the same as 11?

22 A. Yes.

23 Q. Is 28 the same as 12?

24 A. Yes.

25 Q. Is 29 the same as 13?

1 A. Yes.

2 Q. Is 30 the same as 14?

3 A. Yes.

4 Q. Is 31 the same as 15?

5 A. Yes.

6 Q. Is 32 the same as 16?

7 A. Yes.

8 Q. Is 33 the same as 17?

9 A. Yes.

10 Q. Is 34 the same as 18?

11 A. Yes.

12 Q. Is 35 the same as 19?

13 A. Yes.

14 Q. Is 36 the same as 20?

15 A. Yes.

16 Q. Is 37 the same as 21?

17 A. Yes.

18 Q. Is 38 the same as 22?

19 A. Yes.

20 Q. Is 39 the same as 23?

21 A. Yes.

22 Q. Is 40 the same as 24?

23 A. Yes.

24 Q. Is 41 the same as 25?

25 A. 41 is an example where there's just a

1 little bit more information. I didn't pause on
2 every one that we've gone through, but 41, you can
3 see it says that the two prescriptions were
4 dispensed to a patient within a single day on two
5 different days. I guess that is the same as 25. I
6 had to pause on that for a second, but yes, I
7 believe they're the same.

8 Q. Do you know why there are differences in
9 the wording of some of these?

10 A. Well, because the response was written by
11 lawyers, and my expert report was written by me and
12 my staff. And as we were writing up how the code
13 is implemented, there might be some slight detail
14 that needed to be said a little more precisely or
15 said differently, or in any case, we used slightly
16 different language. I think it just reflects that
17 one set of people wrote the interrogatory answers
18 trying to explain these 27 flags, and my staff and
19 I were trying to explain the same flags and wrote
20 those explanations in our words.

21 Q. Do you know whether anyone with pharmacy
22 expertise reviewed either the 27 red flags
23 reflected in Exhibit 8 or the same ones we've been
24 going through in your report to confirm that they
25 were, in fact, the same and would flag the same

1 prescriptions?

2 A. Well, I don't see what expertise that
3 person would have to make that judgment. I think
4 that's a different issue, but in any case, I don't
5 know who reviewed or had input into the Exhibit A
6 that we're looking at or who, for that matter,
7 reviewed our descriptions.

8 Q. Is No. 42 in your April 2021 report the
9 same as No. 26 in Exhibit 8?

10 A. Yes.

11 Q. Is No. 43 the same as No. 27?

12 A. Yes.

13 Q. The red flags 17 through 43 in your April
14 2021 report are the same as the 27 red flags
15 described in the June 2020 interrogatory responses
16 and attached to those responses as Exhibit A,
17 correct?

18 A. Correct.

19 Q. The slight wording variations that you
20 identified as we went through those, is it your
21 understanding that those didn't have any effect on
22 the numbers of prescriptions that would be flagged
23 by any of those 27 flags?

24 A. Correct. There is -- in some of the early
25 ones we looked at, there was a little bit of

1 ambiguity over whether the window, the 20-day
2 window or 45-day window or 60-day window, referred
3 to the fill dates or the written dates. There's
4 just a little bit of ambiguity there. I think our
5 description is clear what we are referring to.

6 And so with that possible quibble to use
7 your term from earlier, they should result -- they
8 should -- if you implement my 17 through 43 or
9 Exhibit 8, 1 through 27, you should get the same
10 results implementing it on the same data.

11 Q. Do you know, sitting here today, whether
12 that ambiguity that you just referenced makes a
13 difference in the number of flagged prescriptions?

14 A. Well, it will make a difference if you use
15 fill dates rather than dispense dates. I'm sorry.
16 Fill dates rather than written dates.

17 Q. Do you know whether the original 27 flags
18 that were identified in June 2020, whether the
19 analysis using those flags used a different date
20 than you did in your April 2021 report?

21 A. No. I'm just sitting here with you
22 comparing the descriptions in these two documents.

23 Q. You can't identify anyone with pharmacy
24 expertise who provided the plaintiffs' lawyers with
25 these 27 red flags that we just walked through,

1 correct?

2 A. Correct.

3 Q. All right. That leaves Flags 1 through 16
4 in your April 2021 report. Those are new as of the
5 April report, correct?

6 A. Well, I don't know if they were in
7 existence in some other document on some earlier
8 date, but they're in the April 16th report is all I
9 can tell you.

10 Q. You didn't put those 16 red flags in any
11 other previous report, correct, sir?

12 A. Correct.

13 Q. Who provided you with the 16 new red flags
14 that appear in the April report?

15 A. I don't know about new, but if you're
16 talking about 1 through 16, the same as 17 through
17 43. Counsel provided them to me.

18 Q. You have a footnote on Page 150, and I
19 think you may have referenced it earlier before we
20 got to it in the report. Take a look at that one,
21 please. It's footnote 44. And you say that it's
22 your understanding that each of the red flag
23 criteria can be found in or is supported by a
24 variety of sources.

25 What is the basis of that understanding?

1 A. Counsel.

2 Q. You don't cite any actual documents here
3 in footnote 44 supporting the red flag criteria.
4 You say a non-exhaustive list of examples of such
5 support can be found at Appendix 12.

6 Do I have that right?

7 A. Yes.

8 Q. Appendix 12 is the one that's more than
9 24,000 pages long, right, sir?

10 A. I don't recall.

11 Q. Do you recall that you have an appendix
12 that's more than 24,000 pages long?

13 A. Well, I was saying more than 10,000 pages
14 earlier, and you said it was more than 24,000. So
15 I don't have any reason to disagree with you.

16 Q. But you say in footnote 44 that
17 Appendix 12 is not exhaustive. Do you anticipate
18 adding still more pages to Appendix 12 at some
19 other later date?

20 A. Not as I sit here, no.

21 Q. You didn't put together the flagging
22 criteria reflected in your report based on your own
23 review or your staff's review of documents and
24 other sources, correct?

25 A. Correct.

1 Q. Who did that, if you know?

2 A. I don't know. As I said, I received these
3 flagging methods from counsel. I don't know how
4 they assembled them.

5 Q. Okay. Let's take a look at -- it's WAG 15
6 in your box. This is going to be an excerpt in
7 Appendix 12, the 24,000-pager.

8 MS. SWIFT: And I believe this will be
9 Exhibit 10, Isaac.

10 (Whereupon, McCANN Deposition
11 Exhibit No. 10 was marked for
12 identification.)

13 BY MS. SWIFT:

14 Q. All right. Take a look at Page 38 of the
15 excerpted Appendix 12. It shows the number of
16 prescriptions flagged for 11 of the 16 -- the first
17 16 red flags reflected in your April report,
18 correct?

19 A. Yes.

20 Q. Why did you show numbers for just 11 of
21 the 16?

22 A. Because counsel asked us to include as an
23 exhibit this information.

24 Q. No other reason than that?

25 A. Correct.

1 Q. Take a look at Page 245 of Appendix 12.
2 It should be the very next page in the excerpt. Do
3 you see that?

4 A. Yes.

5 Q. Page 245 of Appendix 12 identifies the
6 number of flagged prescriptions for the original
7 27 flags and the 16 new ones, right? It's all 43.

8 Oh, no. It looks like you don't have all
9 of them. You just have the first 34.

10 A. Correct.

11 Q. I wonder if I can show you the rest to
12 make sure we're on the same page. Give me one
13 second.

14 Can you see that on the screen, sir?

15 A. Yes.

16 Q. You can see at the bottom, the page
17 numbering says Page 1 of Appendix 12, and the
18 heading is Highlighted Flag Total Summary and Bar
19 Chart, correct?

20 A. Yes.

21 Q. And can you see at the top, it says Page 1
22 of 24,336?

23 A. Yes.

24 Q. All right. We were looking at Page 245.
25 So we'll start there.

1 And if I go to Page 246, can you confirm
2 for me that Pages 245 and 246 of Appendix 12
3 identify the number of flagged prescriptions both
4 from the original 27 red flags that we looked at
5 from June of 2020 plus the 16 red flags that are
6 also included in your April report?

7 A. Yes, that appears to be the case.

8 Q. Then if you would, please, look at
9 Page 290 of Appendix 12, and we'll do the same
10 thing because I think it carries over as well.

11 Page 290 of Appendix 12 and also carrying
12 over to 291, which I've got on the screen,
13 identifies the number of flagged prescriptions for
14 each of the red flags in your April 2021 report for
15 Walgreens, correct?

16 A. Yes.

17 Q. Okay. Take out for me, if you would,
18 please, the May 19th second supplemental report.

19 When did you complete your May 19th
20 report?

21 A. No earlier than May 19th.

22 Q. Do you remember whether you completed it
23 on May 19th or sometime before that?

24 A. Yes. I meant my prior answer on May 19th.

25 Q. Did you -- did you physically sign it on

1 May 19th as well?

2 A. I believe so. That's a screen capture of
3 my signature that was appended to it. I reviewed
4 it last on May 19th and approved it to be sent to
5 the attorneys. When that screen capture of my
6 signature was put on it, whether it was on the 19th
7 or the 18th, I can't tell you.

8 Q. Why did you issue this second supplemental
9 report on May 19th?

10 A. Well, of course, at the highest level,
11 because I was asked to do so. And I have some
12 general understanding, but not a very in-depth
13 understanding, of why I was asked to do so.

14 Q. What's your general understanding of why
15 you were asked to issue this report on May 19th?

16 A. Well, it was -- it was in support of some
17 of the back and forth between plaintiffs and
18 defendants over sampling of some due diligence
19 files, and there was some -- my recollection was
20 that there was some interest in narrowing the
21 number of flagged prescriptions to a subset from
22 which a random sample would be drawn to review the
23 due diligence notes. That's my entire
24 understanding. I don't understand any more than
25 what I've just described to you about the reasons

1 for it.

2 Q. All right. I'm going to start with
3 Paragraph 4 of the May 19th report.

4 It says that you recreated certain figures
5 from the April report using what you're calling
6 combination red flag prescriptions, correct?

7 A. Yes.

8 Q. Why didn't you recreate Figures 36 to 45
9 or Figures 56 to 65?

10 A. We have to pull them out, but I think the
11 reason is those are recurrent -- what has been
12 referred to as recurrent flagging methods, and
13 there is something a little illogical about
14 combining the combination red flags from the first
15 16, which are not in any version recurrent with the
16 recurrent version of the later flags. And exactly
17 how you explain the result of that combination if
18 you were to do it that way is not at all clear.
19 There's not a clear interpretation of that
20 combination in my view.

21 We struggled with that a little bit and
22 decided that since there wasn't a clear
23 interpretation of using that combination of one of
24 the first 16 from Mr. Catizone and the recurrent
25 version of the subsequent flags, we decided not to

1 do that.

2 Q. The recurrent flagging analyses that you
3 just referred to, those are analyses where you
4 identified the first prescription in time that
5 flagged on a particular red flag criteria, and then
6 you simply marked all subsequent prescriptions for
7 the same patient or the same doctor as flagged.

8 Did I get that right?

9 A. Close. To be precise, if the flag is
10 keyed off of the patient, then subsequent
11 prescriptions filled by that patient are flagged.
12 If the flag is keyed off of the doctor, then
13 subsequent prescriptions written by that doctor are
14 filled and flagged. Some of the flags are keyed
15 off of both doctor and patient. And in that case,
16 both prescriptions written by that doctor or filled
17 by that patient would be flagged.

18 Q. Is -- the recurrent flagging, is it
19 reflected in your report starting at Page 150?
20 When you did it in a recurrent way, you have like a
21 P behind the criteria or a D and sometimes both.
22 Is that how you reflect how you're doing the
23 recurrent flagging?

24 A. Yes.

25 Q. Is it fair to say that the recurrent

1 flagging that you did with respect to your red flag
2 prescription analyses is similar to what you did
3 with recurrent flagging on the distribution side
4 with your flagged order analyses?

5 A. Well, they're very different, but they
6 have -- the contexts are very different, but some
7 aspect of the interpretation is similar in the two
8 contexts.

9 Q. For both of them, am I right that what you
10 are doing in the analysis is identifying one
11 flagged order or one flagged prescription, and then
12 based on that first flag, you identify subsequent
13 orders or prescriptions as also flagged?

14 A. I would say it a little different. You
15 apply the flagging methods, and from the first
16 flagged shipment or first flagged prescription
17 onward, you count up the shipments or prescriptions
18 measured by transactions or dosage units or
19 something else, and you divide that accumulated
20 amount at the end by the total transactions or
21 prescriptions. That gives you some measure of how
22 early in the relationship between the distributor
23 and the pharmacy or the patient and the pharmacy or
24 the doctor and the pharmacy these various methods
25 might have first picked up a problem with a

1 pharmacy, with a patient or with a doctor.

2 So in that sense, the interpretation is
3 similar in the two contexts, although, the contexts
4 are very different.

5 Q. Your May 19th supplemental report does not
6 include any recurrent flagging analysis for
7 prescriptions, correct?

8 A. Correct.

9 Q. Is it fair to say that you have disclaimed
10 the earlier opinions from the April report with
11 respect to recurrent flagging meaning you're not
12 planning on talking about those at trial?

13 A. Well, I don't understand disclaiming, but
14 I'm not disavowing the work that I've done in the
15 initial report other than, perhaps, Appendix 8C,
16 which I can explain. And I'm only planning to
17 discuss whatever -- at trial whatever Mr. Mougey
18 asks me and the judge allows me to discuss.

19 Q. So you don't know one way or the other
20 whether you're going to be asked to testify about
21 the recurrent flagging analysis that appears in
22 your April report?

23 A. Correct.

24 Q. You're not disavowing it?

25 A. Correct. I think it's very useful

1 information. So, of course -- and I think there
2 will be implemented calculations to provide that
3 useful information correctly. So yes, I'm not
4 disavowing it. Whether it ends up being used at
5 trial or not, I don't know.

6 Q. In Paragraph 4 of the May 19th report, you
7 talk about some of your appendices.

8 Did you intend to replace Appendices 12A
9 to 12G with the new Appendices 14A to 14G?

10 A. No.

11 Q. You're just adding new ones?

12 A. Correct.

13 Q. Do you plan to talk about Appendix 12A to
14 12G at trial?

15 A. If I'm asked, sure.

16 Q. Let's look at Paragraph 5 of the May 19
17 report.

18 In this May 19 report, you've introduced a
19 new set of red flags that you call combination red
20 flags, right?

21 A. I might say it a little bit differently,
22 but that's close, yes.

23 Q. The combination red flags identify 884,166
24 prescriptions, correct?

25 A. Correct.

1 Q. That's a different number of flagged
2 prescriptions than you identified in June of 2020
3 using the original 27 flags, correct?

4 A. If you're referring to the lawyers'
5 response, then I don't think that your question is
6 accurate. I didn't identify those, and I didn't --
7 I didn't write that response, but they're
8 different, obviously, than the results of a
9 flagging method -- of the 27 flagging methods that
10 are described in that response because they
11 don't -- they're a subset, if you will, because
12 they have to both flag one of those 27, and they
13 have to flag one of the first 16 we've been
14 referring to as the Catizone flag. So it's a
15 subset of those flags that were flagged
16 prescriptions that were, perhaps, referenced in
17 that June 2020 pleading.

18 Q. Let's go back to Exhibit 7. That's the
19 lawyer response that you just referred to.

20 On Page 3, we went through it before.
21 That's where it talks about Exhibit A, that
22 original 27 red flag criteria, and Exhibit B is the
23 summary red flag analysis that you said reflected
24 your work, but identifies 1.1 million flagged
25 prescriptions, correct?

1 A. Correct.

2 Q. The 1.1 million prescriptions were the
3 flagged prescriptions identified by the 27 original
4 flags on June 19, 2020, correct?

5 A. That appears to be the case, yes.

6 Q. The combination red flags that you
7 identified on May 19th identified a different
8 number of prescriptions, correct?

9 A. A subset of the 1.1 million, yes.

10 Q. The combination red flags you identified
11 in your May 19th report also reflect a different
12 number of flagged prescriptions than you identified
13 in your April 2021 report using the 16 new red
14 flags, right?

15 A. A subset of that number, yes. It's
16 narrowed from what is described in plaintiffs'
17 response, Exhibit 17.

18 Q. And I understand you're offering an
19 explanation. I didn't ask for an explanation.
20 We're going to get to it. I promise you.

21 Right now I'm just trying to establish
22 that the number of combination red flagged
23 prescriptions that you identified in the May report
24 is different than the number of red flagged
25 prescriptions you identified in the April report.

1 That's true?

2 A. It's smaller because it's a subset, yes.

3 Q. The combination red flags are the third
4 set of flagging methods that you've disclosed for
5 identifying problematic prescriptions. Is that a
6 fair statement?

7 A. No.

8 Q. Why not?

9 A. Because I didn't disclose anything other
10 than my initial report, which is April 16th, and my
11 second supplemental report just takes a subset of
12 those same 43 flagging methods, prescriptions that
13 trigger one of the first 16 and simultaneously
14 trigger one of the subsequent 27. That is not
15 three different flagging methods. It's one
16 flagging method.

17 Q. Well, it's 43 flagging methods if I
18 understand your testimony.

19 A. It's one set of flagging methods. You
20 just suggested that I have now offered three
21 different sets of flagging methods. I'm just
22 saying that's not true.

23 Q. You have disclosed three different sets of
24 prescriptions with red flags on them?

25 A. No, that's not true.

1 MR. MOUGEY: Objection.

2 BY MS. SWIFT:

3 Q. In June of 2020 in the lawyer response
4 relying on your work, a universe of 1.1 million
5 prescriptions were identified with red flags,
6 correct?

7 A. That appears to be true.

8 Q. In your April report, you identified
9 additional red flags that flagged an additional
10 million prescriptions give or take.

11 Is that a fair statement?

12 MR. MOUGEY: Objection.

13 THE WITNESS: No. I don't know where you're
14 getting that additional million or -- you're just
15 mischaracterizing these two documents, I think.

16 BY MS. SWIFT:

17 Q. All right. Let's go back to Appendix 12.
18 It's Exhibit 10. This is the excerpt, and can you
19 look at Page 245 for me?

20 A. Yes.

21 Q. Page 245 shows for all defendants'
22 prescriptions red flags, we have the first 34 on
23 Page 245, and then the rest were on Page 246.

24 Do you remember we saw that a few minutes
25 ago?

1 A. Yes.

2 Q. And do you see where it says at the top of
3 245 flagged for any reason, and it reflects
4 2.4 million prescriptions?

5 A. Correct.

6 Q. 53.6 percent of the total prescriptions
7 produced in the case?

8 A. Correct.

9 Q. That's a different number of prescriptions
10 than were disclosed in June of 2020, correct?

11 A. Correct.

12 Q. In the May report, the combination red
13 flags identify 884,000 prescriptions, correct?

14 A. Correct.

15 Q. Would you agree with me, and we can do the
16 math, that that represents about 19 percent of the
17 total prescriptions in the case, which are also
18 reflected in Appendix 12 that we were just looking
19 at? Do you need me to point -- it's Page 245 of
20 Appendix 12 again shows that the total number of
21 prescriptions produced in the case is about
22 4.5 million.

23 A. Yes. Thank you.

24 Q. Would you agree with me that 884,000 is
25 about 19 percent of 4.6 million?

1 A. Yes.

2 Q. Is it your opinion that 19 percent of the
3 prescriptions produced in this case should not have
4 been filled?

5 A. No.

6 Q. You didn't do anything to try to determine
7 whether any of those prescriptions were improperly
8 filled. Is that a fair statement?

9 A. Correct. Yes.

10 Q. You don't have any idea whether any
11 prescription produced in this case was improperly
12 filled, correct?

13 A. Correct.

14 Q. You didn't do anything to try to determine
15 whether any prescription produced in this case was
16 illegitimate, meaning not written for a legitimate
17 medical purpose?

18 A. Correct.

19 Q. You have no idea whether any prescription
20 produced in this case was illegitimate?

21 A. Correct.

22 Q. And it's certainly not your opinion that
23 884,000 prescriptions in Lake and Trumbull County
24 were diverted, correct, sir?

25 A. Correct.

1 Q. Would you agree that it would be a
2 caricature to say that those 884,000 prescriptions
3 were diverted?

4 A. I don't know if I would say it was a
5 caricature, but I don't know of any basis for
6 saying that. I wouldn't say it.

7 Q. You did not look to see whether any
8 prescription produced by the pharmacies in this
9 case was diverted?

10 A. Correct.

11 Q. You have not seen any evidence of
12 illegitimate prescriptions filled by any of the
13 pharmacies in this case in the course of your work?

14 A. Correct.

15 Q. You also haven't seen any evidence that
16 any prescription filled by any of the pharmacies in
17 this case was diverted, correct?

18 A. Correct.

19 Q. Your work identifying red flagged
20 prescriptions did not involve figuring out whether
21 any prescriptions were illegitimate or diverted,
22 correct?

23 A. Correct.

24 Q. You have no opinion in this case that any
25 prescriptions were diverted, fair?

1 A. Correct.

2 Q. Your combination red flags as described in
3 the May 19th report flagged 19 percent of the
4 prescriptions produced in the case. Yet, in your
5 distribution analysis that we talked about first
6 thing this morning, we talked about the fact that
7 for some methods, you flagged 100 percent of
8 orders, correct?

9 A. There's a great big disconnect between
10 those two, but I think the two factual statements
11 are correct.

12 Q. So long as those flagged orders went to
13 fill legitimate prescriptions, could you agree that
14 there is no resulting harm from the fact that the
15 order was flagged?

16 A. No, that definitely would be untrue.

17 Q. Why?

18 A. Well, my understanding, and it's just a
19 layman's understanding having worked in the ARCOS
20 data and this litigation now for three plus years,
21 is that any sort of flagging method that would have
22 been implemented, including these six or seven
23 illustrations, identify shipments or, perhaps,
24 prescriptions in this context as well that ought to
25 have been subject to some due diligence before the

1 order was shipped or the prescription was filled.

2 That doesn't mean that every order that
3 would trigger such a flag or every prescription
4 that would trigger such a flag would, if shipped or
5 filled, with certainty have been diverted. It's
6 only that a system that effectively surveilled
7 orders and prescriptions being filled would have
8 been useful in stopping orders to problematic
9 pharmacies or stopped pharmacies from filling
10 prescriptions written by bad doctors or submitted
11 by bad patients. The fact that the particular
12 order that is flagged by one of these methods
13 didn't result itself in a bad prescription and a
14 drug being diverted doesn't mean that there was no
15 harm by virtue of these sorts of systems not being
16 in place and extensive due diligence being done on
17 orders or on prescriptions.

18 So I think what you said is exactly wrong,
19 although, I'm not a subject matter expert, and I
20 haven't offered any opinions along the lines of the
21 question you just asked me.

22 Q. Well, I appreciate that. I understand
23 you're not the one who is going to offer an opinion
24 about the actual harm that the plaintiffs claim to
25 have suffered; is that fair?

1 A. Yes.

2 Q. But you've said that there are other ways
3 that you believe the plaintiffs can be harmed that
4 have nothing to do with whether the actual
5 prescriptions were filled were diverted. Is that
6 your understanding?

7 A. No. I apologize. My answer was so long,
8 you lost the import of it and all of the stuff that
9 was around the import. If I may just very briefly,
10 what I'm saying is in your prior question, you
11 asked me if a prescription gets flagged in one of
12 these methods and if you actually look at a
13 shipment, an order, and if you looked at that
14 specific order in the data and you could trace that
15 order through the pharmacy to patients and doctors
16 and find no diversion, no abuse, doesn't that mean
17 there was no harm by the fact that there was no
18 flagging method, and I'm saying no, that's not --
19 that doesn't follow at all.

20 The flagging methods or some type of
21 systematic surveillance is there as a programmatic
22 check on bad pharmacies, bad doctors, bad patients.
23 The fact that, one, you can identify -- one order
24 that you can identify in the flagging method
25 results didn't lead to diversion doesn't mean there

1 was no harm by there not being such a flagging
2 method in place at all.

3 THE VIDEOGRAPHER: We need to change the media
4 when you get a moment.

5 MS. SWIFT: Let's go ahead and do it. Thanks,
6 Dave.

7 THE VIDEOGRAPHER: We're going off the record.
8 The time now is 11:30.

9 (Whereupon, a short break was
10 taken.)

11 THE VIDEOGRAPHER: We are back on the record.
12 This is the start to media No. 3. The time is
13 11:43.

14 BY MS. SWIFT:

15 Q. Dr. McCann, turning back to -- it's what
16 I've marked as Exhibit 10. It's the little excerpt
17 of Appendix 12. Do you have that handy?

18 A. Yes.

19 Q. And then if you could, because I'm going
20 to do some comparisons, pull out of your box what's
21 behind tab -- or it's in Envelope 16.

22 MS. SWIFT: And we'll mark this one Exhibit 11,
23 please, Isaac.

1 (Whereupon, McCANN Deposition
2 Exhibit No. 11 was marked for
3 identification.)

4 BY MS. SWIFT:

5 Q. Is the document that I marked as
6 Exhibit 11, do you recognize that as Appendix 14 to
7 your May 19th report?

8 A. Yes.

9 Q. I'll represent to you we changed it in one
10 small respect. We added page numbers.

11 A. Thank you.

12 Q. Starting with the excerpt from Appendix 12
13 marked as Exhibit 10, take a look, if you would,
14 please, at Page 635.

15 Do you recognize that as the impact
16 analysis from your April 16th report?

17 A. Yes.

18 Q. And then if you would, please, look at
19 Page 321 of Appendix 14.

20 A. Yes.

21 Q. Is that the impact analysis associated
22 with your May 19th report?

23 A. Yes.

24 Q. Does the impact analysis in Appendix 14
25 replace the impact analysis from Appendix 12?

1 A. No. It's not a corrected Appendix 12 if
2 you'd like. It's an Appendix 14. It's an
3 additional appendix or an additional supplement.
4 It reflects something different.

5 Q. What is an impact analysis?

6 A. I believe that's Professor Cutler's term,
7 not my term, and these are calculations in support
8 of Professor Cutler. So I think you'll have to
9 address that question to him.

10 Q. You don't have an understanding of what
11 this impact analysis is that is included in your
12 Appendix 12 or the one in Appendix 14?

13 A. No, other than it's support for Professor
14 Cutler.

15 Q. You don't have an understanding of the
16 purpose of the impact analysis in either
17 Appendix 12 or Appendix 14?

18 A. Not beyond what I've just said.

19 Q. I know you said before that you spoke with
20 Professor Cutler at least briefly. Did you speak
21 with Mr. Cutler about the impact analysis in
22 Appendix 12 or the one in Appendix 14?

23 A. No.

24 Q. Did you speak to him about the fact that
25 you were preparing these impact analyses?

1 A. No, I didn't personally. Other people in
2 my office who created -- who did the analysis and
3 created these exhibits communicated with the
4 attorneys who communicated with attorneys who
5 communicated with Professor Cutler or, in some
6 fashion, interacted indirectly with Professor
7 Cutler to create the inputs that he was looking for
8 in his analysis, but I didn't -- I wasn't involved
9 in any of that.

10 Q. What did Mr. Cutler tell the attorneys who
11 told the attorneys who told your staff? What did
12 he tell them to do?

13 A. I have no idea.

14 Q. Who would know?

15 A. That particular question, I think, could
16 only be answered by Professor Cutler, and I don't
17 know that it went through two layers of lawyers or
18 if the communication was via phone calls or e-mails
19 where counsel and Professor Cutler and staff from
20 my office were involved. All I know is that I was
21 not involved in any of that.

22 Q. Well, I'm struggling. You included those
23 two impact analyses in Appendix -- in appendices to
24 your report. What was your understanding of why
25 they were included?

1 A. As I said, because I understood that
2 Professor Cutler would find them useful.

3 Q. What is the difference between the impact
4 analysis in Appendix 12 and the impact analysis in
5 Appendix 14?

6 A. The difference is the third, fourth,
7 fifth, and six columns of percentage figures in
8 Appendix 12 have been replaced by the third and
9 fourth percentage figures, columns, and percentage
10 figures in Appendix 14, and that is -- Appendix 14
11 reflects a subset, a smaller group of the
12 prescriptions that are identified in Appendix or
13 summarized in Appendix 12. So it's narrowing down
14 the set of prescriptions that feed into these
15 calculations.

16 Q. And what are these calculations? What are
17 we looking at here?

18 A. Well, both in Appendix 12 and Appendix 14,
19 they're percentages of MME flagged by, in the case
20 of Appendix 12, 11 red flags and run both in a
21 recurrent and a nonrecurrent fashion. In
22 Appendix 14, the percent is the MME and
23 prescriptions that are flagged by one of the first
24 16 methods -- at least one of the first 16 methods
25 and at least one of the subsequent 27 methods,

1 which I defined in my May 19th report to be the
2 combination red flag prescriptions divided by the
3 total MME in the prescriptions that were dispensed.

4 Q. MME, that stands for morphine milligram
5 equivalent; is that right?

6 A. Yes.

7 Q. Is it fair to say that MME is a measure
8 that allows you to compare different opioids by
9 their potency?

10 A. Yes. That's how I understand it and use
11 it.

12 Q. The new impact analysis in Appendix 14 of
13 the May 19th report does not include the recurrent
14 flagging of dispensing data, correct?

15 A. Yes. I think we've discussed that earlier
16 when we were talking about the 880 some thousand
17 prescriptions that were flagged by one of the -- at
18 least one of the first 16 methods and at least one
19 of the subsequent 27 methods.

20 Q. The percentages in your impact analysis,
21 they're a percentage of MME as you just said. You
22 didn't do an analysis reflecting the percentage of
23 prescriptions that reflect on your combination red
24 flags, correct?

25 A. I don't know if we did or not. I know

1 that this is what we were asked to produce. As I
2 said, my understanding is this is what was
3 requested by Professor Cutler.

4 Q. We saw before that the 884,000 combination
5 red flag prescriptions, that's about 19 percent of
6 the total prescriptions in the case. Do you
7 remember that?

8 A. Yes.

9 Q. If you had provided percentages in the
10 impact analysis based on flagged prescriptions, the
11 percentages would have been much lower, right?

12 A. I'm not 100 percent sure, but your
13 intuition is the same as mine. I think that would
14 be the case, but there might be some wrinkle that
15 I'm not recognizing as I sit here.

16 Q. The new impact analysis at Page 321 of
17 Appendix 14 shows that you flagged between 30 and
18 36 percent of opioids by MME, right?

19 A. Over the entire time period as opposed to
20 an individual year, yes.

21 Q. Am I right that the reason you did this
22 impact analysis in terms of MME as opposed to
23 prescriptions or some other measure was that
24 because it was your understanding that's what
25 Mr. Cutler wanted?

1 A. Yes.

2 Q. Okay. Let's go back to the May 19th
3 report, please, and I want to ask you some
4 questions about Page 10. This is a section of the
5 report called Unique Doctors and Patients, correct?

6 A. Yes.

7 Q. Does this section of the May 19th report
8 relate to the revisions you made to the red flags?

9 A. I didn't make revisions to the red flags.
10 I'm not sure what you mean.

11 Q. Well, you define in your May 19th report
12 something called combination red flags, correct?

13 A. Correct.

14 Q. And that comes up with a new number of
15 flagged prescriptions of 884,000, which we talked
16 about a bunch today, right?

17 MR. MOUGEY: Kate, I'm sorry to interrupt you.
18 Are you -- what exhibit number did you put on the
19 May 19th?

20 MS. SWIFT: That's No. 3.

21 THE WITNESS: The combination red flag
22 prescriptions are a subset of the prescriptions
23 that were flagged by any of the red flagging
24 methods, and so the number is smaller.

25

1 BY MS. SWIFT:

2 Q. Well, right, but you have to do something
3 different to get to the different number, right?
4 It's not just an application of the original red
5 flags?

6 A. Well, I think it is. The difference is
7 trivial compared to the commonality that what's in
8 common is virtually all of the work, and what's
9 different is trivial. It is saying that the
10 prescription has to be flagged by at least one of
11 the first 16 and at least one of the subsequent 27.
12 This is something you would do in a single column
13 in Excel.

14 It's a trivial change, but it narrows the
15 set of flagged prescriptions because this
16 applies -- this additional constraint on them, it
17 reduced the number from 2.4 million or whatever you
18 showed me in an earlier exhibit to 880,000. It's a
19 subset.

20 Q. So it's your testimony that a trivial
21 change in the red flag criteria resulted in a
22 reduction from 2.4 million flagged prescriptions to
23 just 880,000? Do I have that right?

24 A. No, you absolutely do not. You just
25 mischaracterized what I said. The flagging

1 methods, the 43 flagging methods are the same in
2 the April report and in the May 19th supplement.
3 In the May 19th supplement, all of the same
4 43 flagging methods are implemented in exactly the
5 same way, and that's a significant amount of work.

6 What I said was if you then require that a
7 prescription to be counted as a combination regular
8 flagged prescription to hit one of the flags in the
9 first -- at least one of the flags in the first 16
10 and at least one of the flags in the first 27, then
11 that's a significant restriction, and it results in
12 a much smaller data subset, 880,000. It has a
13 significant impact, but the arithmetic is kind of
14 trivial. As I said, it would be done in a simple
15 Excel file, but the flagging methods which are
16 quite complicated, quite complex are unchanged
17 between April and May.

18 Q. My only question on Page 10 of the
19 May 19th report was whether that section on unique
20 doctors and patients related to the revisions you
21 made to the red flags?

22 A. I'm telling you I don't think I made any
23 revisions to the red flags. I think we're talking
24 past each other.

25 Q. Does the section on Page 10 called Unique

1 Doctors and Patients have anything whatsoever to do
2 with your combination red flags?

3 A. Yes.

4 Q. What does the section on Page 10 have to
5 do with your combination red flags?

6 A. It comes up in a number of doctors and
7 patients who were involved in at least one
8 prescription that hit at least one of the first 16
9 red flags and at least one of the subsequent 27 red
10 flags. It also goes on to count up the number of
11 subsequent prescriptions written by doctors who
12 were involved in one of those prescriptions, and
13 the number of -- the number of prescriptions
14 written by those doctors and the number of
15 prescriptions filled by those patients involved in
16 a red flag prescription that triggered -- a
17 prescription that triggered one of the first 16 and
18 one -- at least one of the next 27 red flags.

19 Q. Did you ever share this doctors and
20 patients analysis with any other hired consultant
21 working for the plaintiffs' lawyers?

22 A. I did not.

23 Q. Do you know if anybody else did?

24 A. No.

25 Q. Did you ever talk about this section on

1 doctors and patients with Mr. Catizone?

2 A. No.

3 Q. Did you ever talk about this section of
4 your May 19th report on unique doctors and patients
5 with any other hired consultants for the
6 plaintiffs?

7 A. No.

8 Q. This section of your May 19th report on
9 doctors and patients identifies more than 4 million
10 prescriptions written by the doctors who wrote
11 prescriptions identified by your red flag -- strike
12 that.

13 This section of your May 19th supplemental
14 report identifies more than 4 million prescriptions
15 written by the doctors who wrote prescriptions
16 identified in the combination red flags, correct?

17 A. Yes.

18 Q. It also identifies hundreds of thousands
19 of prescriptions filled by patients who initially
20 filled prescriptions identified by your combination
21 red flags, correct?

22 A. Correct.

23 Q. Would you agree with me that this section
24 of your May 19th report identifies more than
25 90 percent of all the prescriptions produced in the

1 case?

2 A. Yes.

3 Q. You don't have any opinion that any of
4 those prescriptions should not have been filled,
5 correct?

6 A. Correct.

7 Q. No opinion that any of them are
8 illegitimate?

9 A. Correct.

10 Q. No opinion that any of them were diverted?

11 A. Correct.

12 Q. You have no opinion that there was
13 anything at all wrong with those prescriptions?

14 A. Correct.

15 Q. Did you look at any of the individual
16 prescriptions written by the doctors that are
17 reflected at very high level in this section of
18 your report?

19 A. No.

20 Q. Did you look at any of the individual
21 prescriptions filled by these patients?

22 A. I'm sorry. I may have read more into your
23 prior question than you intended. I reviewed the
24 dispensed prescription data. So in that sense, I
25 reviewed prescriptions written by at least some

1 prescribers and filled by at least some --
2 submitted by some patients and filled by some
3 pharmacies.

4 I thought in the prior question, you were
5 asking me whether I reviewed a physical
6 prescription written by a doctor like my doctor
7 might write out a prescription for me, and I said
8 that I did not do that. If what you meant by the
9 prior question was did I look at any individual
10 record in the data, the answer is yes. So that
11 answer would be yes also to this most recent
12 question.

13 Q. Beyond coming up with the numbers that are
14 reflected in your May 19th report, did you perform
15 any analysis on individual doctors?

16 A. Not that I recall.

17 Q. What about individual patients?

18 A. Again, not that I recall. I looked at the
19 data and sorted it as I was reviewing the data to
20 see how it looked when you grouped by patient or by
21 prescriber, but that didn't rise to the level of
22 some analysis of the prescriptions written by any
23 prescriber or filled by any patient.

24 Q. All right. Turn back, if you would,
25 please, to the excerpt of Appendix 12, and take a

1 look at Page 8791. It should be the last page.
2 This page says it is a monthly summary of pharmacy
3 dispensing of opioid prescriptions for Dr. David
4 Demangone.

5 What is this?

6 MR. MOUGEY: Would you mind pointing us to a
7 specific exhibit? I apologize.

8 MS. SWIFT: Sure. It's Exhibit 10.

9 BY MS. SWIFT:

10 Q. Let me just re-ask the question.

11 A. Sure.

12 Q. What are we looking at at Page 8791 of
13 Appendix 12, which says monthly summary of pharmacy
14 dispensing of opioid prescriptions for Dr. David
15 Demangone?

16 A. I think that fully describes it. It's --
17 it's the prescriptions filled by CVS for fentanyl
18 written by this doctor identified by summed up by
19 month.

20 Q. Did you look at any of Dr. Demangone's
21 prescriptions?

22 A. Not that I recall.

23 Q. You -- did you prepare summaries like this
24 for each pharmacy defendant for a handful of
25 prescribers, do you remember?

1 A. I'm sorry. I don't remember.

2 Q. To the extent that you've got other
3 summaries like this for a handful of other
4 prescribers in your appendices, do you recall
5 whether you looked at any of those other
6 prescribers' prescriptions?

7 A. Not beyond summarizing the data as this
8 exhibit does. I didn't evaluate any individual
9 prescriptions for some characteristic other than
10 they were written for the drug identified in the
11 exhibit by the prescriber identified in the exhibit
12 and filled by the defendant.

13 Q. Did you talk to Mr. Catizone about any
14 specific prescribers?

15 A. No.

16 Q. Did you talk to any other hired consultant
17 about any specific prescribers?

18 A. No.

19 Q. Let's go back, please, to the May 19th
20 report, which is Exhibit 3. I would like to ask
21 you about Paragraph 3.

22 Paragraph 3 reflects the assignment you
23 were given for the May 19th report, correct?

24 A. Yes.

25 Q. You wrote I've been asked to file this

1 additional report, the second supplemental McCann
2 report, to summarize those prescriptions that were
3 triggered by a combination of at least one of the
4 first 16 red flag computations and at least one of
5 the subsequent 27 red flag computations, and then
6 in parentheses, you describe those as combination
7 red flag prescriptions, correct?

8 A. Correct.

9 Q. The 16 combination red flags in the May
10 report are different from any of the individual
11 43 red flag criteria that we walked through in the
12 April report, correct?

13 A. I'm sorry. Could you ask that again,
14 please?

15 Q. The 16 combination red flags in the May
16 report are different from any of the individual
17 43 red flag criteria that we walked through in the
18 April report, correct?

19 A. I'm sorry. I'm confused by that question.
20 I can ask a question if you'd like, or I can let
21 you try it again.

22 Q. What's confusing about the question?

23 A. Well, there aren't 16 combination red flag
24 computations in this report. There are -- in fact,
25 there are no additional red flag computations in

1 this report. There's 43, the same 43 as there was
2 in the April report. There's just a requirement
3 that a prescription trigger one of the first 16
4 from the April report and at least one of the
5 subsequent 27 from the April report. And if it
6 does trigger at least two or more as I've said,
7 then they're identified as combination red flag
8 prescriptions. There is no 16 combination red flag
9 computations or methods in this report.

10 Q. The flags described starting at Page 150
11 of the April 16th report identified different
12 numbers of prescriptions than the combination red
13 flags in the May 19th report, correct?

14 A. Correct.

15 Q. We saw before on Page 290 of Appendix 12,
16 that identifies the number of flagged prescriptions
17 for each of the original 43 flags for Walgreens in
18 the April report. Do you remember that?

19 A. Yes.

20 Q. When you issued the May 19th report, you
21 provided a new Appendix 14, correct?

22 A. Right. New? I -- I attached an
23 Appendix 14. It is not revising a previous
24 Appendix 14. It's a wholly new Appendix 14.

25 Q. That's what I said. You attached -- you

1 gave us a new Appendix 14 when you issued the
2 May 19th report?

3 A. Well, when you say new, there's some
4 confusion in my mind about new versus old. There's
5 no old Appendix 14. There's an Appendix 14, and
6 there's only one.

7 Q. And we didn't get it until May 19th,
8 correct?

9 A. Correct.

10 Q. Appendix 14 at Page 33, and you might want
11 to go to Page 43 before I ask the question. Do you
12 have that in front of you?

13 A. Yes.

14 Q. Appendix 14 at Page 33 shows the numbers
15 of prescriptions flagging on 16 red flag
16 computations specific to Walgreens, correct?

17 A. Correct.

18 Q. The numbers of flagged prescriptions for
19 Walgreens that appear on Page 290 of Appendix 12
20 are different than the numbers of flagged
21 prescriptions for Walgreens that appear at Page 33
22 of Appendix 14, correct?

23 A. I apologize. Can you ask me that again,
24 please?

25 Q. I would be happy to.

1 Do you have 290 in front of you from
2 Appendix 12?

3 A. Yes.

4 Q. And you have Page 33 from Appendix 14?

5 A. Yes.

6 Q. The numbers of flagged prescriptions for
7 Walgreens that appear on Page 290 of Appendix 12
8 are different than the numbers that appear for
9 Walgreens for flagged prescriptions at Page 33 of
10 Appendix 14, correct?

11 A. Correct. They're more expansive. Page 33
12 is a narrower definition, and you end up with lower
13 numbers.

14 Q. We couldn't do the exercise that we did
15 before tying the original 27 red flags that were
16 disclosed in June of 2020 to the Flags 17 through
17 43 in your April 2021 report. We couldn't do that
18 tying together, which goes with which, between
19 Page 290 of Appendix 12 and Page 33 of Appendix 14,
20 correct?

21 A. I'm sorry. I'm not understanding that
22 question.

23 Q. Well, let me try it this way.

24 The red flag criteria described starting
25 at Page 150 of your April 16 report, the first

1 16 flags identify the numbers of flagged
2 prescriptions that are identified at Page 290 of
3 Appendix 12 for Red Flag 1 through 16, correct?

4 A. Correct.

5 Q. Red Flag Computation 1 through 16 on
6 Page 33 of Appendix 14 identifies different numbers
7 of prescriptions, correct?

8 A. A subset. It's the same numbers that were
9 on Page 290 with the added requirement that for
10 each of these 1 through 16. To be included on
11 Page 33, they also have to have triggered at least
12 one of the subsequent 27.

13 Q. It's not the same numbers at all. Red
14 flag No. 1 on Page 290 of Appendix 12 flagged
15 18,226 prescriptions, correct?

16 A. Correct.

17 Q. But on Page 33 of Appendix 14, red flag
18 Computation 1 flagged 7,414 prescriptions. Totally
19 different.

20 A. That's not totally different. It's what I
21 just said. It's the same 18,226 that are flagged
22 by Red Flag No. 1 restricted to only those that
23 also flagged at least one of 27 through 43.

24 They're not completely different. Those 7,414 are
25 included in the 18,226, but it's a subset of those

1 that also flagged at least one of the subsequent
2 27.

3 Q. Dr. McCann, let me try to keep this really
4 simple.

5 It's not your testimony that 18,226 is the
6 same as 7,414?

7 A. They're, obviously, different numbers,
8 yes.

9 Q. They're, obviously, different numbers.
10 Thank you very much, sir.

11 And that's true for all of the red flags
12 that are listed on Page 290 of Appendix 12 as
13 compared to Page 33 of Appendix 14.

14 A. In every case for the reason I just gave
15 you, yes.

16 Q. I understand there may be a reason. My
17 only question is Red Flags 1 through 16 from the
18 April report as reflected in Appendix 12 flag
19 different numbers of prescriptions than Red Flag
20 Computation 1 through 16 from your May 19th report?

21 A. They're different calculations. So they
22 result in different values.

23 Q. The 16 red flags identified as No. 1
24 through 16 in your April report starting at
25 Page 150, those 16 red flags do not flag the number

1 of prescriptions shown in Appendix 14 of your
2 May 19th report, correct, sir?

3 A. I'm sorry. Could you ask that again,
4 please?

5 Q. Sure. The first 16 red flags listed in
6 your April report starting at Page 150, those flags
7 do not flag the number of prescriptions shown in
8 Appendix 14 of your May 19th report, correct?

9 A. The numbers in the April report include
10 all of the transactions that are identified or
11 summarized in the May report and some additional
12 ones.

13 Q. My question was pretty simple, sir. It
14 was just whether the numbers were different.

15 A. No, that wasn't your question, but if that
16 is your question, then I agree with you, yes.

17 Q. The numbers you identified for the red
18 flags in your April 16 report, Flags 1 through 16,
19 the numbers are different than what you identified
20 in Appendix 14 of your May 19th report?

21 A. Yes.

22 Q. Do you understand that Carmen Catizone has
23 also provided an expert report in this case? Do
24 you know that he provided one in April of this
25 year, the same date that you provided your initial

1 report?

2 A. No.

3 Q. Do you know that Mr. Catizone provided a
4 supplemental report on May 19, the same day as your
5 supplemental report?

6 A. No.

7 Q. I think you said before that you do know
8 that Mr. Catizone has been retained by the
9 plaintiffs' lawyers to offer pharmacy opinions in
10 this case; is that true?

11 A. Yes.

12 Q. If you could please take out the new
13 exhibit that we got to this morning.

14 MS. SWIFT: And Isaac, I think it's correct in
15 the Exhibit Share, and it's WAG 17.

16 MR. MOUGEY: Kate, will you hold on for a
17 second to make sure we got it?

18 MS. SWIFT: Yeah. I apologize. We didn't
19 drive to wherever you are to bring you a new one,
20 Peter. It should be correct in the Exhibit Share,
21 though. And if you want to take a minute to print
22 it, that's fine.

23 MR. MOUGEY: No. It's okay. I don't want to
24 hold you up. So that's fine. Are you going to
25 share, Kate?

1 MS. SWIFT: Yeah. Isaac is going to do that
2 for me.

3 MR. MOUGEY: That's great. No, that's fine,
4 Kate. Go ahead.

5 MS. SWIFT: Thank you. I appreciate it, Peter.
6 BY MS. SWIFT:

7 Q. Okay. Dr. McCann, do you have -- and this
8 will be, first of all -- so if I'm allowed to keep
9 the numbers confusing, I think this will be
10 Exhibit 12.

11 MS. SWIFT: Am I right about that, Isaac?

12 THE CONCIERGE: Yes. Would you like me to
13 screen share that document?

14 MS. SWIFT: I don't think it's necessary unless
15 somebody else on the line wants it.

16 (Whereupon, McCANN Deposition
17 Exhibit No. 12 was marked for
18 identification.)

19 BY MS. SWIFT:

20 Q. Dr. McCann, can you confirm for me that
21 what you have in front of you that we've marked as
22 Exhibit 12 is Mr. Catizone's May 19, 2021 report?

23 A. I haven't seen the document before. I see
24 on the first page, it describes it as pharmacist
25 expert supplemental opinion, Carmen A. Catizone,

1 and on the last page, I see the May 19th date.

2 Q. You said you haven't seen this report
3 before. Is it fair to say that you didn't have any
4 input in putting it together?

5 A. I personally didn't.

6 Q. Do you know if anybody from your office
7 did?

8 A. I don't know.

9 Q. Have you ever talked to Mr. Catizone about
10 his May 19th report?

11 A. Not that I'm aware of.

12 Q. Has anybody from your office talked to
13 Mr. Catizone about his May 19th report?

14 A. Not that I'm aware of.

15 Q. Turn if you would, please, to Page 32.

16 A. Yes.

17 Q. Do you see the third paragraph on that
18 page that starts defendants in this action?

19 A. Yes.

20 Q. It says I have relied upon SLCG and Craig
21 McCann to review and calculate the number of
22 prescriptions dispensed, the amount the dosage
23 units dispensed, and the morphine milligram
24 equivalents dispensed for each red flag by pharmacy
25 chain that I have identified below. These

1 summaries can be found in Dr. McCann's report as
2 Red Flags 1 through 16, red flag computations.

3 Did you know that Mr. Catizone was relying
4 on you for information in his report?

5 A. I don't know if I knew that, but I sort of
6 understood that. As I said, I didn't see his
7 report. So I can't say that I knew that. I
8 haven't read any of his explanation of his
9 analysis, but generally, I understood that some --
10 there was some back and forth between my office and
11 Mr. Catizone about what calculations he would find
12 useful in developing his opinions. So my general
13 understanding was that he would be using some
14 information, but I'm not aware of any of the
15 details.

16 Q. Do you know how Mr. Catizone got the
17 information that he relies on from you and your
18 staff?

19 A. No.

20 Q. Did you or your staff do anything to check
21 and make sure that the information in
22 Mr. Catizone's report accurately reflected your
23 work?

24 A. Not that I'm aware of. I certainly
25 didn't. I don't know whether anybody in my office

1 did. I think not. I don't think that we ever saw
2 a draft of this report. I certainly didn't, but I
3 don't know whether anybody in my office did or not.

4 Q. Now, I want to compare the red flag
5 criteria in Mr. Catizone's May 19th report to the
6 criteria in your original April 16th report. He
7 says that he's using the same 16 red flags, but I
8 understand from your testimony that you don't know
9 one way or the other. So I'd like to see if we can
10 get on the same page with that.

11 Can you take out your April 16th report so
12 that we can do that with the red flags that are
13 described in Mr. Catizone's report?

14 A. Yes.

15 Q. Do you have them both in front of you?

16 A. I do.

17 Q. On Page 32 of Mr. Catizone's report, he
18 shows your first two red flags under No. 1.

19 Do you see that? It's 1A and 1B.

20 A. Yes.

21 Q. Those first two are the same as 1 and 2 at
22 Page 150 and 151 of your April report?

23 A. Yes.

24 Q. Catizone Red Flag 2 on doctor shopping is
25 the same as your Red Flag No. 3, correct?

1 A. I'm sorry. Where in Mr. Catizone's report
2 do you find that? I see Page 35. I'm sorry. I
3 don't see where he states --

4 Q. He says doctor shopping -- let's see. The
5 data reveals as follows regarding patient was
6 dispensed opioid prescriptions with overlapping
7 days of supply that were written by two or more
8 prescribers.

9 Do you see that?

10 A. Yes. That's the same as my No. 3.

11 Q. And then Catizone Red Flag 3 is the same
12 as your Red Flag 4, correct?

13 A. Yes.

14 Q. Catizone Red Flag 4A is the same as your
15 Red Flag 5, correct?

16 A. I'm sorry. Where will I find that,
17 please, in Mr. Catizone's report?

18 Q. It's Page 38, patient was dispensed an
19 opioid, a benzodiazapine, and a muscle relaxer for
20 overlapping days supply.

21 A. Yes.

22 Q. So that aspect of Catizone Red Flag 4 is
23 the same as your Red Flag 5, correct?

24 A. Correct.

25 Q. Then the next one on Page 38 of

1 Mr. Catizone's report, which I'll refer to as 4B,
2 is the same as your 6. Would you agree with that?

3 A. I'm sorry. You're putting me at a
4 terrible disadvantage. When you ask me to say yes,
5 will you please point to me in Mr. Catizone's
6 report? You know, sometimes you're going forward
7 three or four pages, and it's not labeled 4B. I'm
8 not sure what you're referring to.

9 Q. It's on Page 38. It says patient was
10 dispensed an opioid, a benzodiazapine, and a muscle
11 relaxer on the same day, and all the prescriptions
12 were written by the same prescriber.

13 That's the same as your Flag No. 6,
14 correct?

15 A. Yes.

16 Q. Turn to 40 of Catizone's report, please.

17 A. Yes.

18 Q. I'm going to call this one 5A, and it's
19 just above the table on Page 40. It says an opioid
20 and a benzodiazapine were dispensed to a patient
21 within 30 days of one another.

22 That's the same as your Red Flag No. 7,
23 correct?

24 A. Yes.

25 Q. Then same page, what I'll call

1 Catizone 5B, when a patient was dispensed an opioid
2 and a benzodiazapine on the same day and all the
3 prescriptions were written by the same prescriber,
4 that is the same as your Flag No. 8, correct?

5 A. Correct.

6 Q. Turning to Page 41 of Catizone. Catizone
7 No. 6 in the middle of the page, patient was
8 dispensed two short-acting opioid drugs on the same
9 day. That's your Flag 9, correct?

10 A. Yes.

11 Q. We're going to go over to Page 45 of
12 Catizone, what I'm going to call 7A at the top of
13 the page. Patient was dispensed an opioid
14 prescription of over 200 MME per day before 2018 or
15 over 50 MME per day after January 1, 2018.

16 That's your Red Flag No. 10, correct?

17 A. Correct.

18 Q. Then what I'll call Catizone 7B where a
19 patient -- same page where a patient was dispensed
20 an opioid prescription over 200 MME per day before
21 2018 or over 90 MME per day after January 1, 2018,
22 that's your Flag 11, correct?

23 A. Correct.

24 Q. Then we'll go to No. 8 at the bottom of
25 Page 46 of Catizone. An opioid was dispensed to at

1 least four different patients on the same day, and
2 the opioid prescriptions were for the same base
3 drug, strength, and dosage form and were written by
4 the same prescriber. That's your Flag 12, correct?

5 A. Correct.

6 Q. What we'll call Catizone 8B is at the top
7 of Page 47. An opioid was dispensed to at least
8 three different patients within an hour, and the
9 opioid prescriptions were for the same base drug,
10 strength, and dosage form, and were written by the
11 same prescriber.

12 That's your 13, correct?

13 A. Correct.

14 Q. Flipping over to Page 48 of Catizone,
15 Catizone 9, an opioid prescription was refilled
16 more than five days before the patient's previous
17 prescription should have run out.

18 That's your 14, correct?

19 A. Correct.

20 Q. Then Catizone 10 is on Page 49. Just
21 above the table, a patient was dispensed more than
22 210 days supply of all opioids combined in a
23 six-month period. That's your flag 15, correct?

24 A. Correct.

25 Q. Then flipping to 50 of Catizone,

1 Catizone 11, a patient was dispensed an opioid and
2 paid cash. That's your Flag 16, correct?

3 A. Correct.

4 Q. The red flag criteria described in
5 Mr. Catizone's May 19th report at Pages 32 through
6 50 are identical to the first 16 red flag criteria
7 described in your April 16 report at Pages 150 to
8 152, correct?

9 A. Yes.

10 Q. Catizone's May 19th report includes the
11 same red flag criteria as Red Flags 1 through 16 in
12 your April report?

13 A. Correct.

14 Q. But Mr. Catizone's numbers of flagged
15 prescriptions in the May 19th report are different
16 than the numbers of prescriptions you identified
17 for those same 16 red flags in your April report,
18 correct?

19 A. I don't know. I've not seen
20 Mr. Catizone's report before.

21 Q. Let's go back to Page 32 of Mr. Catizone's
22 report, and we'll take a look again at Page 290 of
23 Appendix 12, and that is Exhibit 10.

24 You see on Page 33 of Catizone's May 19
25 report, the first flag listed says -- I'll wait

1 until -- are you with me?

2 A. I think so. What page in Appendix 12 do
3 you want me on, please?

4 Q. 290. And you recall that Page 290 of
5 Exhibit 12 shows the numbers of red flag
6 prescriptions for those first 16 red flags that we
7 just walked through for Walgreens specifically. We
8 talked about that before?

9 A. Yes.

10 Q. It also shows additional numbers, but I'm
11 going to focus on the 16.

12 On Mr. Catizone's May 19th report at
13 Page 33, the first flag listed says an opioid was
14 dispensed to a patient who traveled more than
15 25 miles to visit the pharmacy, right?

16 A. Correct.

17 Q. And we've already established that's
18 exactly the same as Flag 1 from your April report,
19 right?

20 A. Correct.

21 Q. For Walgreens, Mr. Catizone says that that
22 red flag identified 7,414 prescriptions, correct?

23 A. Correct.

24 Q. But your Appendix 12 at 290 where you
25 reported the results of those same red flags shows

1 a different number, correct?

2 A. No. I'm sure you're not intending to
3 mislead, Ms. Swift, but there's some very serious
4 confusion in that question.

5 Q. Red Flag No. 1 has identified at Page 290
6 of Appendix 12 18,226 prescriptions, correct?

7 A. That's correct.

8 Q. The same -- so then -- we're not going to
9 do this for all of them, but the same is true for
10 Catizone Flag 1B, which is your Flag 2.

11 Mr. Catizone identifies one number of flagged
12 prescriptions for Walgreens, but your Appendix 12
13 at Page 290 identifies a different one, correct?

14 A. For a very obvious reason that I think you
15 know.

16 Q. Sir, we've just gone through and
17 established that the first 16 flags in your April
18 report are identical to the 16 flags in
19 Mr. Catizone's report, correct?

20 A. In their description, that is correct.

21 Q. And we also painstakingly went through and
22 established that Page 290 of Appendix 12 identifies
23 the number of prescriptions flagged on each of
24 those 16 criteria for Walgreens, correct?

25 A. With the requirement that they also flag

1 one of the subsequent 27. That number of 7,414, I
2 believe, is a number that you showed me a few
3 minutes ago from Appendix 14.

4 Q. That's correct, sir. That's absolutely
5 right, and we can put the page from Appendix 14 up
6 as well if that would help you alleviate the
7 confusion.

8 A. I'm not confused.

9 Q. I'm not confused either, sir. You
10 testified unequivocally of the number of flagged
11 prescriptions identified in Appendix 12 at
12 Page 290, that's the number of flagged
13 prescriptions for Flags 1 through 16 in your
14 April 16th report, correct?

15 A. Correct.

16 Q. And you also testified that Flags 1
17 through 16 in your April 16th report are identical
18 to Flags 1 through 16 in Mr. Catizone's May 19th
19 report?

20 A. I did not say that. What I said was the
21 description in the text that you showed me from the
22 April report matches the description of the text in
23 Mr. Catizone's report.

24 Q. That's exactly what I was trying to ask
25 you. It matches the description identically,

1 correct?

2 A. Not identically, but very close.

3 Q. It matches the description close enough
4 that you wouldn't expect to have a difference in
5 the number of flagged prescriptions?

6 A. Unless you had the added requirement that
7 the prescriptions flagged one of the other 27.

8 Q. Did you see anywhere on Page 32 to 50 in
9 Mr. Catizone's report an explanation that he was
10 qualifying any of those numbers with that qualifier
11 that you just gave us?

12 MR. MOUGEY: Objection.

13 THE WITNESS: I haven't -- I haven't read this
14 report. You gave me what is over 100 pages of text
15 a few minutes ago and showed me a few sentences. I
16 can't tell you what else is in here.

17 BY MS. SWIFT:

18 Q. That's fine, but we walked through every
19 single description of Mr. Catizone's Red Flags 1
20 through 16, right, sir?

21 THE WITNESS: No, we did not.

22 MR. MOUGEY: Objection.

23 THE WITNESS: We walked through a sentence in
24 each section describing that method, no preamble to
25 those discussions, and not even the entire

1 discussion for any one of them. So you're just
2 mischaracterizing, I think, what we did.

3 BY MS. SWIFT:

4 Q. You also testified that you've never had a
5 conversation with Mr. Catizone about the
6 combination red flags that added the qualifier you
7 described today, correct, sir?

8 A. I don't recall whether I did or not.

9 Q. Sitting here today, you can't identify any
10 time you ever spoke to Mr. Catizone about your
11 combination red flags?

12 A. Not other than what I said earlier, which
13 was I had a Zoom call with Mr. Catizone and others
14 sometime around May 19th or shortly before.

15 Q. Well, the transcript will reflect what it
16 reflects. I believe you testified you did not
17 discuss with Mr. Catizone your May 19th report. Is
18 that true or false?

19 A. I don't believe that's what the transcript
20 will reflect. It reflects -- I testified that I
21 had a call with Mr. Catizone two or three weeks
22 ago, and you asked me whether that was before the
23 May 19 report. I said it may have been. I don't
24 recall.

25 Q. And you don't recall discussing the

1 combination red flags with Mr. Catizone, correct?

2 A. I don't recall that level of detail of the
3 conversation.

4 Q. Do you know what time of day you finished
5 your supplemental report on May 19th?

6 A. No. It was late in the day, but I don't
7 know what time.

8 Q. I recognize that you want to give your
9 explanation about why the numbers are different in
10 Mr. Catizone's report than they are in the
11 corresponding page of Appendix 12 showing the
12 numbers of red flags for the original red flags,
13 but you agree with me that 7,414 is a different
14 number than 18,226, correct?

15 A. They reflect the result of a different
16 calculation, and they are a different number. My
17 fifth grade daughter will recognize that those are
18 different numbers.

19 Q. For Combination Red Flag No. 1 from your
20 May 19th report, which of the original 27 red flags
21 also identified prescriptions?

22 A. I'm sorry. I didn't understand that.
23 Could you ask it again, please?

24 Q. If I have your testimony correctly, your
25 explanation of the combination red flags is that

1 that's supposed to identify -- take No. 1 to keep
2 it simple. Combination Red Flag No. 1 is meant to
3 flag prescriptions that are triggered by
4 Mr. Catizone's Flag No. 1 if that prescription also
5 flags on one of the 27 original red flags, correct?

6 A. Correct.

7 Q. My question is which of the original
8 27 red flags identified prescriptions for
9 Combination Red Flag No. 1?

10 A. I don't know as I sit here. It would have
11 been some combination of 1 through 27 of those 27
12 depending on a particular prescription that was
13 flagged by Catizone No. 1. For some prescriptions,
14 it would be not flagged by any of the 27. For
15 others, it might be flagged by 23 of the 27. I
16 don't know as I sit here.

17 Q. You can't say which of the original 27 red
18 flags identified prescriptions in any of the 16
19 combination red flags? Is that a fair statement?

20 A. I can't as I sit here. You can in the
21 backup material that you have for these two
22 reports, but I don't know. Those documents are not
23 in front of me. If they were, I would tell you.

24 Q. Do you know if the backup materials that
25 you're talking about were ever provided to

1 Mr. Catizone?

2 A. I don't know.

3 Q. You didn't provide them to him, correct?

4 A. I did not.

5 Q. To come up with the combination red flag
6 prescriptions, is it fair to say what you did was
7 just to have your computers run algorithms across
8 the data?

9 A. Yes.

10 Q. There's no assessment of the doctors or
11 patients associated with any of those descriptions
12 as far as the work you did?

13 A. Correct.

14 Q. Once you came up with the numbers of
15 prescriptions identified by your combination red
16 flags in the May 19th report, did you or your staff
17 go and look at any of these flagged prescriptions
18 to determine whether it made sense substantively to
19 flag them?

20 A. No.

21 Q. You didn't do anything to determine
22 whether those prescriptions were suspicious?

23 A. Correct.

24 Q. Do you know if anybody did that, either at
25 your staff or anywhere else in the world?

1 A. No.

2 Q. You don't have any opinion about whether
3 any of the 27 original red flags are appropriate
4 ways to identify suspicious prescriptions, correct?

5 A. Correct.

6 Q. You don't have an opinion on whether any
7 of the 27 original red flags has a basis and a
8 statute of regulation, correct?

9 A. Correct.

10 Q. Are you aware of anyone with any pharmacy
11 expertise who has weighed in on the appropriateness
12 of the original 27 red flags?

13 A. You asked me that earlier. No.

14 Q. Do you know why -- strike that.

15 Do you know whether Mr. Catizone has
16 anything at all to say about the original 27 red
17 flags?

18 A. No.

19 Q. Do you have any idea if any of the red
20 flag methods that you've applied in this case
21 account for things like a pharmacy's proximity to
22 hospitals, hospice centers, or nursing homes?

23 A. No.

24 Q. Do you know if any of the red flag methods
25 that you've applied in this case account for things

1 like different types of doctors having different
2 prescribing habits?

3 A. No.

4 Q. Your Red Flag No. 1 in the April 16th
5 report, this is at Page 150 of the report, is about
6 patients traveling more than 25 miles to visit the
7 pharmacy, right?

8 A. Yes.

9 Q. Did you run any analysis on longer
10 distances than 25 miles to see how that would
11 affect your numbers?

12 A. I don't recall doing that for this report,
13 but that is a number that can be varied to make it
14 10 miles or make it 50 miles, and the code we
15 provided allows you to do that easily. So I think
16 at one point maybe before being involved in
17 creating this report, we may have run that code
18 with different values, but I don't recall doing
19 that and don't recall the results.

20 Q. You didn't produce any results for flags
21 using different distances other than 25 miles,
22 correct?

23 A. Correct. And I should qualify that the
24 25 miles is not driving distance. It's, as they
25 say, as the crow flies. I would think of that as a

1 straight line, but the mathematicians in my office
2 actually explain to me it's a curved line; but it's
3 the distance from the middle of the patient's zip
4 code to the address of the pharmacy in this example
5 in a straight line across the globe.

6 So when we use 25 miles, that's actually
7 more than 25 miles as you would drive it driving
8 distance. That 25 miles is Point A to Point B in a
9 straight line on the globe.

10 Q. Well, however you calculate your 25-mile
11 distance, you didn't produce results for any
12 distances other than 25 miles, fair?

13 A. Correct. We produced a tool that would
14 allow you to do that. The results we report were
15 only for the 25 miles requested by Mr. Catizone.

16 Q. On the subject of doctor shopping, did you
17 run any analysis to see how many patients received
18 a prescription from five prescribers in a one-month
19 period?

20 A. Not that I recall. A similar answer, the
21 code we provided makes it easy to make that change,
22 but we were asked for the results of the methods we
23 implemented.

24 Q. Did the plaintiffs' lawyers ask you to run
25 any other red flag analyses besides those that

1 appear in your reports and appendices?

2 A. I don't think so. Not that I recall.

3 Q. Other than the 43 flags described in your
4 April 16th report and the combination red flags
5 described in your May 19th report, did you run any
6 other red flag analyses on the pharmacy defendants'
7 dispensing data?

8 A. I don't believe so, not other than what I
9 described a minute ago when I said, for instance,
10 that 25-mile parameter could be altered to 15 miles
11 or to 40 miles. We may have done some sensitivity
12 analysis like that when we were writing the code
13 and developing it, but I don't recall seeing any
14 results other than what we were asked to produce,
15 which was the results setting that parameter to
16 25 miles.

17 Q. We've talked about your distribution
18 opinions. We talked about those first this
19 morning, the flagged order analyses, correct?

20 A. Yes.

21 Q. You flagged orders of oxycodone and
22 hydrocodone based on seven flagging methods, right?

23 A. Yes.

24 Q. You saw -- depending on the method, you
25 flagged anywhere from zero to 100 percent of

1 orders, fair?

2 A. No, not fair.

3 Q. Well, the transcript will say what it
4 says. You flagged different numbers of orders
5 depending on what method you were using to do the
6 flagging, correct?

7 A. Correct.

8 Q. We also talked about your dispensing
9 opinions. You flagged prescriptions based on a
10 variety of red flag criteria, right?

11 A. Yes.

12 Q. I believe you did testify that the overall
13 number of flagged prescriptions in your May 19th
14 report were about 19 percent of prescriptions.

15 Do you remember that testimony?

16 A. No. I don't think that correctly
17 characterized what's in the May 19th report.

18 Q. Do you remember the math problem we did of
19 884,000 prescriptions divided by the overall number
20 of prescriptions produced and roughly 4.5 million?

21 A. Yes. We agree on that calculation.

22 Q. And that's 19 percent roughly, right, sir?

23 A. Correct.

24 Q. Did you do any analysis to determine
25 whether your flagged orders on the distribution

1 side are in any way connected to the flagged
2 prescriptions that you identified?

3 A. I don't think so.

4 Q. Could you have done that?

5 A. Maybe. I'd have to give it some thought
6 and talk to my people here. There might be some
7 interesting analysis that could be done there. We
8 only received the dispensing data in this case --
9 I'm sorry. The defendant transaction data in this
10 case in the last week before my April report was
11 due, I think.

12 Q. What transaction data are you talking
13 about?

14 A. Well, we started out with the ARCOS data,
15 and then we received individual, what I call,
16 transaction data, defendant transaction data. It's
17 different data for -- for the five chain
18 pharmacies. We talked already about filling in the
19 Walmart gap in the ARCOS data with that data. And
20 that data included some data before and after
21 depending on the defendant, but before and after
22 the ARCOS time period, which may or may not line up
23 with the dispensing data that we received. All I
24 was saying was that some of the data that might go
25 into that analysis that you asked me about was

1 produced in -- to me anyway, in the week before the
2 expert report was due.

3 So I hadn't given any thought to the
4 analysis that you're describing until you're asking
5 me about it just now. It's interesting.

6 Q. I'm just -- I'm confused because I don't
7 know what data you would have not received until a
8 week before the report was due. I apologize if you
9 just said it and I'm -- was it a particular
10 defendant's transaction data that you didn't
11 receive until a week before the report was due?

12 A. Right. I think it was some of the
13 defendant transaction data. I don't know if it was
14 for all of the five chain pharmacies, but for some
15 of them even early in the week that the report was
16 due -- the report was due, I think, on a Friday,
17 and I think on Monday or Tuesday, we got some
18 defendant transaction data. There was not time to
19 do anything more than just summarize that data,
20 which is what you'll see in the April 16th report.

21 There's no SOMS run, for instance, on that
22 data, but then in the supplement, May 4th, there's
23 some SOMS run on the individual defendant
24 transaction data, including the data before and
25 after the ARCOS period. That was -- that was

1 because we didn't have time with that data before
2 the April 16th report to do that analysis.

3 Q. You've had the ARCOS data for several
4 years now, correct?

5 A. Correct.

6 Q. Is the reason that you didn't do an
7 analysis of any connection between the flagged
8 orders and the flagged prescriptions because you
9 didn't have that defendant transaction data that
10 you just referenced?

11 A. No. I hadn't thought about it until you
12 mentioned it, but we -- I hadn't thought about it
13 until you mentioned it.

14 MS. SWIFT: I'm not quite done, unfortunately,
15 but I recognize that it's 1:00. I'm happy to keep
16 going and try to finish before lunch, but if you'd
17 like to break for lunch, I'm happy to do that, too.

18 THE WITNESS: No. I'd like to break now,
19 please.

20 MS. SWIFT: Okay.

21 THE VIDEOGRAPHER: We are going off the record.
22 The time now is 12:58.

23 (Whereupon, a lunch break was
24 taken.)

25 THE VIDEOGRAPHER: We are back on the record.

1 This is the start of media No. 4. The time is
2 1:39.

3 (Whereupon, McCANN Deposition
4 Exhibit No. 13 was marked for
5 identification.)

6 BY MS. SWIFT:

7 Q. Dr. McCann, we've introduced Exhibit 13.
8 Do you have that in front of you? It says
9 Plaintiffs' Written Responses to Certain 30(B)(6)
10 Topics.

11 A. Yes.

12 Q. Have you seen this document before?

13 A. No.

14 Q. Do you understand that the federal rules,
15 Rule 30(b)(6), provides us the right to obtain
16 testimony of the plaintiff counties?

17 A. I've heard the term 30(b)(6) witness used
18 many times in my career. I don't understand the
19 basis for that other than I think of it as a
20 corporate representative or something like that.

21 Q. Do you have an understanding that a
22 corporate representative deposition under
23 Rule 30(b)(6) binds the counties as though they
24 were actual people testifying under oath?

25 MR. MOUGEY: Objection.

1 THE WITNESS: No, I don't have that
2 understanding.

3 BY MS. SWIFT:

4 Q. Take a look, if you would, please, at
5 Page 10 of these plaintiff responses. Do you see
6 Topics 11 and 12 on Page 10.

7 A. Yes.

8 Q. We asked the counties in Topics 11 and 12
9 to tell us what they knew about opioids
10 prescriptions that our pharmacies filled that the
11 counties contend were not for a legitimate purpose
12 or that were diverted.

13 Do you see that in Topics 11 and 12 on
14 Page 10?

15 A. Yes.

16 Q. Then they provide a response that's pretty
17 similar for both topics. The county said that they
18 have identified certain prescriptions, and then at
19 the end of each response, they say the list of such
20 prescriptions is being provided contemporaneously
21 with these responses through a data link.

22 Do you have any idea whether you or your
23 staff was responsible for putting together that
24 list of prescriptions?

25 A. No.

1 MS. SWIFT: Isaac, if you would, please,
2 introduce the exhibit that's WAG 19.

3 BY MS. SWIFT:

4 Q. And Dr. McCann, if you can take that one
5 out of your box. I think that's going to be
6 Exhibit 14.

7 (Whereupon, McCANN Deposition
8 Exhibit No. 14 was marked for
9 identification.)

10 BY MS. SWIFT:

11 Q. Exhibit 14 is an e-mail dated May 1, 2021
12 from Joseph Ciaccio. Do you see that?

13 A. Yes.

14 Q. And it's to me, correct, among others?

15 A. Yes.

16 Q. And then the subject line is CT 3
17 Plaintiff's Deficient Responses to 30(B)(6)
18 Topics 11 and 12, correct?

19 A. Yes.

20 Q. On Page 1 of this e-mail, Mr. Ciaccio
21 provides a Dropbox link that he says replaces all
22 of the coding in response to 30(b)(6) and answers
23 all of our questions.

24 Do you see that?

25 A. Yes.

1 Q. And then one of the answers refers to your
2 Method 2. Do you see that on Page 1?

3 A. Yes.

4 Q. It says Method 2, Trailing Six-Month
5 Maximum Monthly, Fixed After First Trigger
6 Threshold?

7 A. Yes.

8 Q. Does that refresh your recollection about
9 whether you had any input on the plaintiffs'
10 responses to these 30(b)(6) topics where we ask
11 them to identify prescriptions we filled they
12 contend were either illegitimate or diverted?

13 A. No.

14 MR. MOUGEY: Objection.

15 BY MS. SWIFT:

16 Q. All right. I'd like you to look at the
17 e-mail from Mr. Ciaccio dated April 26th at
18 8:49 p.m. It's on Page 3.

19 Do you have it?

20 A. Yes.

21 Q. He says in the first line of his e-mail to
22 me in their 30(b)(6) responses, plaintiffs
23 identified, A, a group of prescriptions that they
24 believe were not issued for a legitimate medical
25 purpose or were not issued by an individual

1 practitioner acting in the usual course of his or
2 her professional practice, Topic 11; and, B, a
3 group of prescriptions that plaintiffs believe were
4 diverted, Topic 12.

5 Did I read that correctly?

6 A. Yes.

7 Q. You don't have any idea whether you or
8 your staff was involved in putting together the
9 list of prescriptions that plaintiffs identified in
10 these responses?

11 MR. MOUGEY: Objection.

12 THE WITNESS: Correct.

13 BY MS. SWIFT:

14 Q. Let me see if this helps. Do you see my
15 e-mail from April 27th at 6:18 p.m.?

16 A. Yes.

17 Q. I said thanks, Joe, but this doesn't
18 respond to most of our questions, and then I said I
19 copied and pasted those questions below. And the
20 first bullet point says the Cocktail Rules,
21 Cocktail Flag 1, 2.xlsx workbook appears to provide
22 10 brand new flags and to identify prescriptions
23 that were not flagged in plaintiffs' June 2020 red
24 flag analysis. Please let us know if plaintiffs
25 intend to assert that these newly identified

1 prescriptions caused them harm for which plaintiffs
2 seek relief.

3 Did the names of that workbook that I
4 referenced in that e-mail refresh your recollection
5 as to whether you and your firm had anything to do
6 with putting together these lists of prescriptions
7 that plaintiffs identified?

8 MR. MOUGEY: Objection.

9 THE WITNESS: No, they don't refresh my
10 recollection. I have seen those terms C1,
11 underscore, INDIC, underscore, all through C10
12 underscore, INDIC, underscore, all in the coding
13 for the red flag analysis. So that -- it's not a
14 matter of refreshing my recollection, but there
15 appears to be some connection between at least your
16 paragraph here and the coding that generates our
17 red flags, but that's not refreshing my
18 recollection. It's just what I'm inferring looking
19 at the documents.

20 BY MS. SWIFT:

21 Q. Do those terms C1, underscore, INDIC,
22 underscore, all through C10, underscore, INDIC,
23 underscore, ALL, do those refer to -- are those
24 names of red flags as they appear in your coding?

25 A. Well, not names of the flags, but I think

1 they might be naming output files that are created
2 by the code. I'd have to go back to look at it to
3 tell you precisely, but that's my recollection.

4 Q. You think those terms are names of the
5 output files that are created by the code you wrote
6 to identify red flags in this case?

7 A. Well, I think so. You have the same code
8 I'm talking about, and the code will have those
9 terms in it. I would just have to look at the code
10 again to make sure, but just from memory, those
11 might be labeling some output files. I just have
12 to go back and look at the code.

13 I just recall seeing that labeling
14 pneumonic. Exactly how it was used in the code, I
15 don't remember, but it is not plain English. And
16 so I see you quoting it in this paragraph, and I
17 saw it in our codes. So there's some connection
18 between your paragraph and that code.

19 Q. Just so I understand the terminology, when
20 you say an output file, is that just a reference to
21 the file that you generate that identifies
22 prescriptions that have red flags on them?

23 A. Well, it could. I would have to look, but
24 it could be creating an interim step file that is
25 then used and ultimately not saved, but some

1 subsequent file saved as a result of running the
2 routine, or it could be an actual file that is
3 saying when the code is run, and so you would see a
4 file with that name on it. I just don't recall.
5 It's been a while since I looked at the code. I
6 just don't recall exactly how those terms are used.

7 Q. Have you or your firm ever performed any
8 analysis on the pharmacies' dispensing data to
9 identify prescriptions that you believe are
10 illegitimate?

11 A. No.

12 Q. Have you or your firm ever performed any
13 analysis on the pharmacies' dispensing data to
14 identify prescriptions that you believe were
15 diverted?

16 A. No.

17 Q. Are you aware of any other consultant
18 doing so, performing an analysis to identify
19 prescriptions filled by the pharmacy defendants
20 that were either illegitimate or diverted?

21 A. No.

22 Q. You don't have any opinion in this case
23 that any of the pharmacies' failure to comply with
24 one of your seven flagging methods means that that
25 pharmacy did anything wrong, right, sir?

1 A. Correct.

2 Q. You don't even have an opinion that any of
3 the pharmacies actually did fail to comply with
4 your flagging approaches, correct?

5 A. Correct.

6 Q. And that's because you didn't look at that
7 as part of your work in this case, right?

8 A. Correct. It just wasn't part of the scope
9 of my work.

10 Q. You don't have an opinion in this case
11 that any of the pharmacies that are defendants
12 oversupplied opioids, correct?

13 A. I don't have an expert opinion on that.

14 Q. You don't have any opinion that any of the
15 pharmacies' conduct had any impact on doctors who
16 may have been overprescribing opioids, correct?

17 A. Correct.

18 Q. You don't have an opinion that any of the
19 pharmacies in this case created the opioids crisis
20 in Ohio, correct?

21 A. Correct.

22 Q. You don't have an opinion that any of the
23 pharmacies in this case contributed to the opioids
24 crisis in Ohio, right?

25 A. I don't have an expert opinion on that

1 topic.

2 Q. You don't have an opinion that any of the
3 pharmacies in this case was a substantial factor of
4 the opioids crisis in Ohio; is that right, sir?

5 A. I don't have an expert opinion on that
6 topic.

7 Q. You don't have an opinion that any of the
8 pharmacies in this case created a significant
9 interference with public health or safety, right?

10 MR. MOUGEY: Objection.

11 THE WITNESS: I don't have an expert opinion on
12 that topic.

13 BY MS. SWIFT:

14 Q. And you don't have an opinion that any of
15 the pharmacy defendants in this case caused the
16 opioids crisis, right?

17 A. Correct.

18 Q. The last thing I would like to show you is
19 behind -- well, it's in your envelope marked
20 WAG 21.

21 MS. SWIFT: And this will be Exhibit 15,
22 please, Isaac.

23 (Whereupon, McCANN Deposition
24 Exhibit No. 15 was marked for
25 identification.)

1 BY MS. SWIFT:

2 Q. This document that I marked as Exhibit 15
3 is a one-page invoice from you dated June 3, 2021,
4 correct?

5 A. Yes.

6 Q. Is this the -- how do I ask this?

7 Have you produced to your attorneys so
8 that they could produce to us all of the invoices
9 that you have submitted for work that you've done
10 on the opioids cases?

11 A. Could you break that question down a
12 little bit and maybe ask it again, please?

13 Q. I'll ask it again. I don't want to break
14 it down because I'm trying to get the overall.

15 I'm trying to figure out if we have all of
16 the invoices that you have submitted for work on
17 opioids litigation?

18 A. The answer is definitely no, it can't be.

19 Q. Why is that?

20 A. Well, I've done work for other sets of
21 lawyers besides the lawyers involved in this case
22 in other opioid cases, and even the work that I did
23 for substantially the set of lawyers in this case
24 but for work in other cases may not have been
25 produced to you, although I submitted them to the

1 lawyers in those cases.

2 Q. Is the document, the invoice that I marked
3 as Exhibit 11 -- sorry. Strike that.

4 The invoice that I marked as Exhibit 15,
5 does that reflect all of the work that you've done
6 on the Lake and Trumbull County case?

7 A. Up through June 3rd, yes.

8 Q. How much work have you done on the Lake
9 and Trumbull County case since June 3rd?

10 A. Not very much. I don't know how much my
11 staff have put in in the last eight days. I have
12 spent some part of those last eight days preparing
13 for this deposition. I don't know how much time
14 anybody else has put in the last -- this would be
15 the last invoice or summary of invoices created.
16 The next invoice would be created at the end of the
17 month, and I don't know what -- what time there
18 would be up through June 11th on that invoice yet.

19 Q. You said that this was an invoice or a
20 summary of invoices, and I'll note that this
21 invoice is just one page, and it has one line, it
22 looks like, for the work performed by each person
23 over the course of the entire year.

24 Are there other invoices that provide more
25 detail than this one that actually explain what

1 each person did?

2 A. I don't know about explain what each
3 person did, but there were monthly invoices that
4 had itemized hourly entries with a brief
5 description, and we were asked to create a summary
6 invoice that reflected all of the time by each
7 timekeeper, the time, the date range over which
8 those entries were reflecting work, and the total
9 amount of hours in billing for timekeeper. That's
10 what this exhibit is.

11 Q. Did you submit monthly invoices to the
12 plaintiffs' lawyers?

13 A. Correct.

14 MS. SWIFT: We'll just ask that those be
15 produced, please. And I assume you'll say we need
16 to follow up. Let me just say this. Peter, do you
17 object to producing the monthly invoices?

18 MR. MOUGEY: I don't know what our agreements
19 are with you all about what we've agreed to produce
20 where. And not knowing necessarily what orders are
21 in other cases, I don't want to tell you that I
22 don't have a problem with it. If you just give me
23 some time to double-check because a lot of this
24 work isn't through us. I just wanted to make sure.

25 MS. SWIFT: As I understand it, this invoice

1 that we have, the one-pager that's just the
2 summary, is just for the work in Track 3.

3 BY MS. SWIFT:

4 Q. Is that right, Dr. McCann?

5 A. Yes.

6 Q. And there are monthly invoices as well
7 that relate to the work you've performed in
8 Track 3?

9 A. Correct.

10 MS. SWIFT: So we would at least request those,
11 and if you object to those, just let me know,
12 Peter.

13 MR. MOUGEY: That sounds good.

14 BY MS. SWIFT:

15 Q. And then -- okay. So for Track 3 through
16 June 3rd, you and your firm billed roughly
17 \$794,000?

18 A. Correct.

19 Q. How much have you and your firm billed for
20 all the opioids cases that you've worked on in the
21 last several years?

22 A. I'm not sure precisely, but if you take
23 into account all of the early work that was done in
24 the first 18 months just processing the ARCOS data,
25 producing summary reports for a lot of different

1 clients, ultimately all -- virtually all State
2 Attorney Generals around the country, plus CT 1,
3 CT 2, CT 3, and maybe a dozen other significant
4 projects, 5 or \$6 million.

5 MS. SWIFT: I do not have any other questions
6 right now. I think others have a few. I'm
7 honestly not even sure who's going to go next.

8 THE WITNESS: Thank you, Ms. Swift.

9 MS. SWIFT: Thank you, Dr. McCann.

10 MR. KOBRIN: Can we take a quick break, a
11 two-minute break, to make sure we're all on the
12 same page for everything?

13 MR. MOUGEY: Sure. I had a question, but more
14 than okay to go off, and I can ask my question once
15 we get off.

16 THE VIDEOGRAPHER: We are going off the record.
17 The time now is 2:00.

18 (Whereupon, a short break was
19 taken.)

20 THE VIDEOGRAPHER: We are back on the record.
21 This is the start of media No. 5. The time is
22 2:12.

23 MR. KOBRIN: Hi, Dr. McCann. My name is Josh
24 Kobrin. I represent Giant Eagle and their
25 pharmacies as well as HSBC Service Company, which

1 is warehouse that they run. We haven't met yet,
2 but it's good to meet you. Hopefully we'll be
3 quick, and this will be painless. I know you want
4 to get out of here relatively soon.

5 EXAMINATION

6 BY MR. KOBRIN:

7 Q. I'm wondering if you could look at your
8 report, which, I think, is Exhibit 1. Can you just
9 go to the page in the table of contents which is
10 marked small Roman Numeral II?

11 A. Yes.

12 Q. There's a section there that is larger
13 Roman Number VII and VIII, which are all about
14 summaries. It says the opioid distributor summary
15 and opioid chain pharmacy summary.

16 Do you see that, what I'm talking about?

17 A. Yes.

18 Q. And these are all the methods that you use
19 to flag distribution from warehouses to pharmacies.
20 Is that accurate?

21 A. Yes.

22 Q. Now, several of these methods use the term
23 trailing, right, like Method 1, Method 2, Method 3,
24 Method 4, and Method 7. They all use the word
25 trailing in them, right?

1 A. Yes.

2 Q. Can you tell me what that means in the
3 context of these methods? What does trailing mean?

4 A. It means that as you're evaluating
5 shipments over time primarily between 2006 and
6 2014, the context in which you evaluate them is
7 some recent time period that moves forward with the
8 transactions. It's sort of like the transactions
9 that you're evaluating, if you move forward, you
10 trail along with you a window -- a recent window of
11 data that you use to evaluate the transactions
12 you're looking at.

13 Q. Is it fair to say there has to be a --
14 well, let me know if I'm understanding you
15 correctly.

16 There has to be a history of distribution
17 in order to apply these methods, is that -- is that
18 accurate? For example, a six-month trailing method
19 has to have six months of distribution history in
20 order for the method to start applying. A 12-month
21 trailing has to have 12 months of trailing of
22 distribution in order for the method to start
23 applying. Is that accurate?

24 A. No, not quite. It would be true that
25 Methods 1, 2, and 7 require six months of shipments

1 to a particular pharmacy before that pharmacy's
2 orders are subject to the method; but No. 3 and
3 No. 4 where it says trailing 12-month average, that
4 is comparing the pharmacies' orders to the trailing
5 12 months shipments by that distributor to all
6 pharmacies. And so the pharmacy you're looking at
7 doesn't have to have 12 months of data, but you do
8 have to have some data for some shipments at least
9 to other pharmacies for those two to apply.

10 Q. I think I understand. So for -- I think
11 you said that applied to 3 and 4. So for 1, 2, and
12 7, you would need a history for that particular
13 pharmacy and for the warehouse, but for 3 and 4,
14 you might just -- you would only need a history for
15 the warehouse?

16 A. Or for other warehouses of the
17 distributor. We're calculating the average across
18 all of the warehouses for that distributor. We're
19 not separating it out by warehouse.

20 Q. So if you'll -- let me explain. In our
21 situation, Giant Eagle only has one warehouse
22 functioning at any single time. So for us, the
23 entire distribution operation is a single
24 warehouse.

25 Does that make sense?

1 A. Yes.

2 Q. So when I speak in terms of a warehouse,
3 I'm speaking in terms of Giant Eagle's entire
4 distribution operation. So you're right to clarify
5 that as to potentially other defendants and anytime
6 my question might apply to other defendants; but in
7 this case, Giant Eagle only has one warehouse.

8 Is that all right? You understand that?

9 A. Yes.

10 Q. Rather, one warehouse at any single time.

11 All right. So let's look at Method 3,
12 which is on 75.

13 A. Yes.

14 Q. It's twice the trailing 12-month average
15 pharmacy dosage units. You explained it a little
16 just now, but could you briefly just explain how
17 Method 3 works?

18 A. Sure. I visualize things in like an Excel
19 spreadsheet. So if you let me explain it in sort
20 of the terms of an Excel spreadsheet, imagine that
21 the spreadsheet includes monthly shipments from HBC
22 to each individual pharmacy that it serviced at any
23 point over the last 12 months, and you've got in
24 the rows the preceding 12 months, last month, the
25 month before, the month before that. You've got

1 12 rows that are reflecting months, trailing
2 12 months, and in the columns, you've got different
3 pharmacies that HBC serviced.

4 For some of those months, HBC might not
5 have shipped anything to the pharmacy. For
6 other -- so that would be a blank cell in the Excel
7 spreadsheet. For other months, maybe HBC shipped
8 to all of the pharmacies that it ever shipped to in
9 those 12 months in that particular month, and so
10 the row would be completely filled in all the way
11 across. But in any case, let's say that you had
12 100 pharmacies and you had 12 months. That would
13 be 120 cells, month pharmacy cells, over the prior
14 one year.

15 If you average across those 120 cells, you
16 would get the trailing 12-month average monthly
17 shipments to a pharmacy, and then the flagging
18 method would double whatever that number is, so
19 twice the trailing 12-month average, and would
20 compare the shipments to the pharmacy you're
21 looking at this month to that threshold.

22 Q. I think I can -- it's a little different
23 than what you've just described, but why don't we
24 look at it -- you might have it, Mr. McCann. If
25 you don't, we can put it up on the screen. It's

1 GE McCann 11.

2 A. I'm sorry. I don't know what that is.

3 Q. That's one of the documents. We'll mark
4 that as the next exhibit.

5 (Whereupon, McCANN Deposition
6 Exhibit No. 16 was marked for
7 identification.)

8 MR. MOUGEY: I don't mean to be difficult. I
9 apologize for interrupting. I just wanted the
10 record to reflect that we got those at about 5:00,
11 6:00 in the morning this morning, which I apologize
12 again for the color, but this is just a reoccurring
13 problem with getting stuff on time from you guys,
14 Josh.

15 MR. KOBRIN: I disagree with the last statement
16 but I understand you're getting it on the record.
17 That's a fair statement. I know that they were
18 inadvertently sent early this morning, and I'm
19 sorry about that.

20 MR. MOUGEY: I understand, but it actually
21 happened to me the last time we had a deposition.

22 MR. KOBRIN: No. We're not going to litigate
23 that now.

24 MR. MOUGEY: I'm not asking you to litigate it.
25 I just want you to get the documents to us on time

1 when the deadlines have been clearly delineated for
2 months, and your office doesn't seem able to meet
3 deadlines. I'm simply asking for the common
4 courtesy of getting the documents on time when the
5 Court has ordered. Simple as that. Thank you.

6 MR. KOBRIN: Good deal. Thank you, Peter.

7 BY MR. KOBRIN:

8 Q. Dr. McCann, this chart that you see on the
9 screen there is the flags that --- the 12 -- the
10 twice 12 trailing -- excuse me, twice trailing
11 12-month average flags for one of the Giant Eagle
12 stores, No. 4002, at Churchill Commons. Do you see
13 that? And these were HCP, hydrocodone combination
14 product, shipments from our HBC distribution
15 facility.

16 Does this make sense to you what we're
17 kind of charting in this spreadsheet? It's a
18 little different than what you said. Instead of
19 showing the averages developing, it's showing the
20 flagged orders at that store. Do you see that?

21 A. I'm sorry. I'm confused by this document.
22 Is this -- is any part of this something that I
23 created?

24 Q. No. No. We created this with your flags.
25 This is created from the data that you provided.

1 A. All right. I don't understand it. Maybe
2 you can explain it to me some more.

3 Q. Sure. Do you remember when HBC began
4 distribution?

5 A. No. We could see that in my report, but I
6 don't recall offhand when.

7 Q. I can represent to you that as it says on
8 this sheet, HBC did not distribute until November
9 2009.

10 A. Okay.

11 Q. So HBC began distributing to Giant Eagle
12 pharmacies, that's the name of the warehouse, HBC,
13 in November 2009. And so my question to you, which
14 I think you've already explained, is why do the
15 flags not start until December 2010? And I think
16 that's because you needed a 12-month period in
17 order to develop the 12-month trailing average. Is
18 that accurate?

19 A. Correct.

20 Q. So there wouldn't be anything to flag in,
21 say, September of 2010 because there was not a
22 12 preceding months by which to average because
23 nothing was coming out of that warehouse prior to
24 November of 2009. No hydrocodone combination
25 product had been distributed from the warehouse

1 prior to November of 2009.

2 Does that make sense?

3 A. I would say it slightly different. There
4 were certainly shipments in September of 2010 to be
5 flagged. It's just they're not flagged by this
6 method.

7 Q. So there were no shipments to be flagged
8 by this method. Why do you say there were
9 certainly shipments to be flagged?

10 A. Well, because there were shipments. I
11 mean, there were shipments subject to a flagging
12 method, maybe in this example, Methods 1, 2, or 7
13 for sure and also, for that matter, 5 and 6, just
14 not 4 and 5, just not these two methods that depend
15 on having 12 months of history across pharmacy
16 service by the distributor.

17 Q. Do you mean to say that they would have
18 definitely flagged, or do you just mean that there
19 were shipments? You said there were shipments to
20 be flagged.

21 A. Well, yes. When you say there were no
22 shipments to be flagged, you were the one who, in
23 your question, I think, said well, there would be
24 no shipments to be flagged. I don't know that
25 that's a true statement at all. There were

1 shipments, and they could have been flagged by one
2 of the other methods. They just can't be flagged
3 by this one.

4 Q. They cannot be flagged by this one?

5 A. That's correct. That would be my
6 interpretation.

7 Q. And they could, but they wouldn't
8 necessarily be flagged by any other flag method,
9 correct?

10 A. Correct.

11 Q. Do you recall that HBC closed in 2014?

12 A. No. I'm sorry. I don't.

13 Q. Do you know whether or not Giant Eagle had
14 another distribution warehouse after the closure of
15 HBC?

16 A. I'm sorry. I don't recall those details
17 as I sit here.

18 Q. Did you review any documents relating to
19 the operation of Giant Eagle's distribution
20 facilities?

21 A. Yes, not for this case, but these issues
22 that you're asking me about now are ones that I
23 knew about and reviewed in some prior case that HBC
24 was involved in. I'm just not six months or a year
25 later remembering those details.

1 Q. Would that have been the other -- the
2 Track 1 case in the opioid MDL?

3 MR. MOUGEY: Objection.

4 THE WITNESS: Very likely.

5 BY MR. KOBRIN:

6 Q. Do you -- did you review or research or
7 understand at the time you created -- strike that.

8 At the time you created or worked on these
9 methods, did you understand the history of Giant
10 Eagle's distribution operations?

11 A. I didn't create these methods, but as I
12 was working on them and implementing them, I
13 learned something about the institutional detail of
14 HBC and Giant Eagle. I'm just not recalling what I
15 learned.

16 Q. Remind me who created these methods again.

17 A. Well, they were provided to me by counsel.
18 My understanding is that they developed them with
19 input from DEA experts, including Mr. Rafalsky.

20 Q. So you received these from counsel, and at
21 the time you said you reviewed documents, and you
22 understood the history of Giant Eagle's
23 distribution operations at the time that you
24 applied the methods that you were given by counsel?

25 A. Yes. It would have been prior to that

1 because in processing the ARCOS data, we saw
2 shipments from distributors to pharmacies in the
3 ARCOS data. We produced reports summarizing
4 different distributors' behavior. And at that
5 time, two or three years ago, HBC was a little
6 different than the others. I understood at the
7 time what the differences were, but I'm not
8 recalling them now.

9 Q. You understood the differences, as you
10 explained them, at the time that you applied the
11 methods, but you can't explain those differences
12 today?

13 A. Correct. Well, if we looked at the -- at
14 my April 16th expert report, you'll see that I have
15 graphs showing HBC's distribution shipments, and we
16 can see the timing of when they started and when
17 they, perhaps, paused and restarted. So the
18 transaction information that's in this report,
19 which you haven't turned me to that page yet --

20 Q. I'm not trying to hide the ball. If we
21 can put up -- I don't know what exhibit it is. I
22 don't want to state the wrong thing, but the prior
23 exhibit, which was GE McCann 11. It was
24 Exhibit 16, I believe, if we can put that back up.

25 So as we already explained, HBC did not

1 start distributing until November of 2009, and then
2 it closed in October of 2014. Does that ring a
3 bell to you?

4 A. This graph isn't helping me in any way,
5 but Page 50 of my report shows that clearly.

6 Q. So you would agree that it opened in
7 November 2009 and closed in early October of 2014?

8 MR. MOUGEY: Objection.

9 THE WITNESS: That appears to be correct,
10 approximately anyway.

11 BY MR. KOBRIN:

12 Q. Okay. Let's click to the next page in
13 this. In March of 2016, another facility replaced
14 it. There were no distributions from Giant Eagle
15 to itself from October 2014 until March of 2016
16 when GERx opened, Giant Eagle Rx Distribution
17 Center. Does this ring a bell to you?

18 A. No.

19 Q. And it began distributing controlled
20 substances in March of 2016.

21 A. Okay.

22 Q. Is that correct based on what you have in
23 your knowledge and analysis?

24 A. No. The exhibit that I'm looking at, the
25 figure on Page 50 of my report shows the shipments

1 stopping in 2014 and doesn't show them restarting.
2 Maybe if we looked at my supplemental exhibit, we
3 would have some additional data for HBC.

4 Q. Well, HBC did not start again. A facility
5 called GERx opened in March of 2016.

6 Do you recall this? Did you ever learn
7 about this?

8 A. I'm not recalling this detail whatever it
9 is that you're showing me.

10 Q. My question for you, Dr. McCann, is if
11 GERx opened in March of 2016, why is the twice
12 trailing 12-month average immediately flagging
13 orders from GERx to any facility if it had not been
14 opened in a previous 12-month period in order to
15 establish a twice trailing 12-month average?

16 A. I'm sorry. I don't know anything about
17 this document you put in front of me. It's the
18 first time I've seen it.

19 Q. That's fine.

20 A. I'll have to look at -- I'll have to get a
21 copy of this document and look at the --

22 Q. Mr. McCann, I'm not -- I'm not asking you
23 what you have to do. I'm asking you is there a
24 reason that you would have flagged orders during
25 the 12-month period immediately following the

1 opening of GERx in March of 2016 using Method 3?

2 MR. MOUGEY: Objection.

3 THE WITNESS: I'm not interrupting you, and if
4 you'll let me finish, I'll be brief. I don't know
5 whether this is -- what you're representing here is
6 correct and, if it is correct, what the explanation
7 for it is. I just don't know. This is the first
8 time I've seen this.

9 BY MR. KOBRIN:

10 Q. This is your data, Mr. McCann. I'll
11 represent to you that it's correct and that your
12 Method 3 began flagging distributions to Giant
13 Eagle Pharmacy 4002 in April of 2016 using Method 3
14 despite the fact that the distribution facility
15 opened in March of 2016.

16 MR. MOUGEY: Objection.

17 BY MR. KOBRIN:

18 Q. And I'm asking you if you can explain
19 that.

20 A. It could be that you're wrong or -- -

21 Q. I'm asking you, representing this is
22 correct, can you explain that? I'm not asking you
23 to tell me whether I'm wrong or not, tell me
24 whether you messed up or not. I'm just asking you
25 can you explain that?

1 MR. MOUGEY: Josh, that's enough. That's
2 enough. You've interrupted Dr. McCann about three
3 or four times. You've put in front of him a
4 chart -- I haven't interrupted. You've put in
5 front of him a chart that's not his. He doesn't
6 have to accept your representations about what this
7 chart is or isn't. If you have a question, why
8 don't you ask him from his charts. And if you
9 don't want to and you want to continue to use your
10 chart, that's fine, but please let him answer your
11 question without interrupting him.

12 BY MR. KOBRIN:

13 Q. I have a question pending. Do you want it
14 read back to you?

15 MR. MOUGEY: Well, then I object to the
16 two-paragraph question that you asked. It had
17 about six questions in it.

18 MR. KOBRIN: It didn't. Do you want to read it
19 back? Can we have the court reporter quickly read
20 back the question?

21 BY MR. KOBRIN:

22 Q. Dr. McCann, if you want to answer the
23 question if you know what the question was still.

24 MR. MOUGEY: I'll read it back for you. I'm
25 asking you to --

1 MR. KOBRIN: I'm not asking you to read it
2 back, Peter. That's highly inappropriate. I asked
3 the court reporter to read it back.

4 (Whereupon, the record was
5 read as requested.)

6 MR. MOUGEY: Renew my objection.

7 THE WITNESS: As I was starting to say, there
8 are two possibilities. One is that you're
9 incorrect. I have no way of knowing whether you
10 are or not, but one possibility is that you're
11 incorrect. The second is that you are correct, but
12 there is an explanation that I'm not aware of as I
13 sit here because this is the first time I've seen
14 this.

15 And I'm happy to look into it and confirm
16 either that you're incorrect or the reason why the
17 data is as it is. This is certainly not my
18 document, and I have no idea what you've done here.

19 BY MR. KOBRIN:

20 Q. Sir, Dr. McCann, I just want to make sure
21 we're clear. Your only potential explanations are
22 that I'm incorrect or that there is an explanation.
23 Is it possible that there's an error in the
24 algorithm?

25 MR. MOUGEY: Objection.

1 THE WITNESS: Very unlikely because this code
2 has been gone over by experts for the distributors,
3 manufacturers, and pharmacy defendants in eight or
4 10 cases over the last three or four years. So
5 it's possible that there's something that no one
6 else but you have uncovered, but I'm doubting that.

7 BY MR. KOBRIN:

8 Q. If these are, indeed, flagged under
9 Method 3 starting in April of 2016 and continuing
10 in four months in 2016, if these are, indeed,
11 flagged in Method 3, would you agree that that is
12 an error?

13 A. No. I would have to investigate what the
14 explanation for it is. If you're correct, then
15 there is very likely an explanation for it, but I
16 just can't tell you without reviewing this offline
17 with my staff, maybe getting a copy of this exhibit
18 that you put in front of me for the first time and
19 a transcript of what you've represented this to
20 show. I don't know whether it shows that or not.

21 Q. I just want to make sure the record is
22 narrowly clear.

23 When you say there's an explanation, could
24 that explanation be that there's an error in the
25 algorithm, or are you saying there's an explanation

1 that makes these flags correct?

2 MR. MOUGEY: Objection.

3 THE WITNESS: Oh, an explanation that makes
4 these flags correct. It's very unlikely that
5 there's any issue with the algorithm for the reason
6 that I already said.

7 BY MR. KOBRIN:

8 Q. And there's no chance that there's an
9 error in your report or your representations
10 regarding the data?

11 MR. MOUGEY: Objection.

12 THE WITNESS: I didn't say there was no chance.
13 That mischaracterized it. I just said it was
14 highly unlikely.

15 BY MR. KOBRIN:

16 Q. So you think it's highly unlikely this is
17 caused by any error in your report?

18 MR. MOUGEY: Objection.

19 THE WITNESS: That's correct, although, as
20 we've discussed this morning, just one of my
21 appendices has 24,000 pages of charts.

22 BY MR. KOBRIN:

23 Q. I know.

24 A. It's quite possible that in 24,000 pages,
25 there's a page that has an error in it. We're all

1 humanly imperfect. If there are 24,000 pages
2 reflecting tens of millions of calculations, then
3 it's possible somewhere in a giant haystack, you
4 found a needle, but I just need to investigate it a
5 little bit.

6 Q. Is it also possible, Dr. McCann, that this
7 error regarding GERx opening in 2016 replicated
8 across all of the methods that have the word
9 trailing in them?

10 MR. MOUGEY: Objection.

11 THE WITNESS: There's no evidence that there's
12 an error here, but in any case, if there was, it is
13 not the same. As I said, Methods 3 and 4 are
14 different than 1, 2, and 7.

15 BY MR. KOBRIN:

16 Q. And this is 3, but 1, 2, and 7 as well as
17 3 and 4 all require a trailing period. They all
18 require a period before you can start flagging
19 orders, and I'm asking is it possible that this
20 error was made throughout your report with regard
21 to GERx distribution?

22 MR. MOUGEY: Objection.

23 THE WITNESS: There's no error here.

24 BY MR. KOBRIN:

25 Q. There's no error?

1 A. Well, at least I haven't been convinced by
2 this exhibit that you put up in front of me.

3 Q. Okay. So you've got this exhibit now.
4 You let me know. You can check into this.

5 MR. MOUGEY: Josh, that's about the third time
6 you've interrupted Dr. McCann in the last
7 30 seconds. Please let him finish his answer.

8 MR. KOBRIN: Thank you, Peter.

9 BY MR. KOBRIN:

10 Q. I'm going to give you this chart, and if
11 you find an error, you'll let us know?

12 A. If you had given this to me yesterday, I
13 probably could have told you this morning, but I
14 don't have the document. I still don't have the
15 document.

16 Q. Dr. McCann, did you testify about this
17 error in Track 1 in the case against Summit and
18 Cuyahoga Counties?

19 MR. MOUGEY: Objection.

20 BY MR. KOBRIN:

21 Q. Did you testify about the trailing error
22 with regard to distributions from GERx in a
23 different litigation against Ohio counties where
24 you made this same error?

25 A. Well, I think you lawyers would say

1 assumes facts not in evidence. I don't see
2 anything that you put in front of me that
3 identifies an error. So you keep saying this
4 error. You said it now 10 times in your last
5 20 questions. I just don't think that's accurate.
6 At least I don't know that it is, and I'll have to
7 look into it.

8 MR. KOBRIN: Move to strike as nonresponsive.

9 BY MR. KOBRIN:

10 Q. Did you testify about an error in the GERx
11 distribution data in another litigation?

12 MR. MOUGEY: Objection. Josh, if you have some
13 sort of a transcript rather than -- this is like
14 the 30th time you all deposed Dr. McCann. If you
15 have something you want to show him, please do so.

16 THE WITNESS: I don't recall this issue ever
17 being raised before with me.

18 BY MR. KOBRIN:

19 Q. If you can go to GE McCann 1.

20 Do you know anything about the DEA's role
21 in setting quotas for controlled substances?

22 A. No.

23 Q. Do you know that the DEA sets quotas based
24 on prospective legitimate need for controlled
25 substances?

1 A. No.

2 Q. Do you have any knowledge at all then
3 about DEA quotas?

4 A. No, not other than that they're published,
5 and I only know that because it was raised in this
6 litigation. I don't know anything about it.

7 Q. When was it raised in this litigation?

8 A. Probably in my first deposition, which
9 would be the CT 1 deposition, roughly in May of
10 2019.

11 Q. And what do you recall being raised about
12 it in May of 2019?

13 A. I remember the defendants trying to argue
14 that they couldn't have possibly done anything
15 wrong because as they shipped more and more
16 opioids, the DEA increased quotas each year sort of
17 using it as a shield. There's a whole lot wrong
18 with that logic from my perspective, but I'm not a
19 subject matter expert. I'm not an expert on the
20 DEA quotas.

21 Q. You never analyzed the DEA quotas?

22 MR. MOUGEY: Objection.

23 THE WITNESS: Correct.

24 BY MR. KOBRIN:

25 Q. Have you ever asked plaintiffs' counsel

1 anything about the DEA quotas or asked for
2 information about the DEA quotas?

3 A. No.

4 Q. Let's put up McCann 1, which I think will
5 be Exhibit 17.

6 (Whereupon, McCANN Deposition
7 Exhibit No. 17 was marked for
8 identification.)

9 BY MR. KOBRIN:

10 Q. This is a chart that shows the DEA quotas.
11 You didn't do this analysis, did you?

12 A. Correct.

13 Q. And contrary to what you just said, this
14 analysis actually shows dispensation by Giant Eagle
15 decreasing while the DEA quotas increased; isn't
16 that correct?

17 MR. MOUGEY: Objection.

18 THE WITNESS: That's not contrary to what I
19 just testified to.

20 BY MR. KOBRIN:

21 Q. This chart, which shows hydrocodone
22 combination products dispensed by Giant Eagle and
23 the quotas from the DEA, shows Giant Eagle
24 dispensation of hydrocodone combination products
25 decreasing while the DEA quotas increased; isn't

1 that correct?

2 MR. MOUGEY: Objection.

3 THE WITNESS: For one year, yes.

4 BY MR. KOBRIN:

5 Q. And what year are you looking at?

6 A. 2013.

7 Q. What about 2014?

8 A. Well, it doesn't look like the quota
9 increased in 2014.

10 Q. So it looks like it stays the same?

11 A. Correct.

12 Q. What happens to the dispensed hydrocodone
13 combination products for Giant Eagle?

14 A. It looks like it declined.

15 Q. What about 2015?

16 A. It looks like it declined.

17 MR. MOUGEY: Objection.

18 BY MR. KOBRIN:

19 Q. Thank you.

20 And you didn't -- you didn't do this
21 analysis again just to clarify even though this was
22 raised in CT 1?

23 A. This is completely outside of my scope of
24 my report. And again, I don't know that this
25 exhibit that you just put in front of me here on

1 the screen is accurate, but I'm just responding to
2 the questions you're asking me about this exhibit.

3 Q. Yeah. I'll represent to you that it's
4 accurate. We'll flip to the second one, which
5 shows the same trend for oxycodone.

6 Do you see that?

7 MR. MOUGEY: Objection.

8 BY MR. KOBRIN:

9 Q. Oxycodone dispensing versus the DEA quota
10 for oxycodone. Do you see that?

11 MR. MOUGEY: Objection.

12 THE WITNESS: I see the document, but I don't
13 see -- I don't understand, even with your
14 representation, what this document reflects. Look
15 at the title. It says Indexed Comparison of
16 Growth. What does that mean? I don't know.

17 BY MR. KOBRIN:

18 Q. That means if they were at the same point
19 in 2006, which direction did they go? Do you see
20 the quota go up between 2006 and 2007? Do you see
21 that?

22 A. Yes.

23 Q. And you see the dispensing by Giant Eagle
24 go down between 2006 and 2007?

25 A. Yes.

1 MR. MOUGEY: Josh, can I just have a standing
2 objection to all of your self-made charts here?

3 MR. KOBRIN: Fine.

4 BY MR. KOBRIN:

5 Q. Let's go on to GE McCann 3, which I
6 believe will be 18.

7 (Whereupon, McCANN Deposition
8 Exhibit No. 18 was marked for
9 identification.)

10 BY MR. KOBRIN:

11 Q. You talked earlier about the decision not
12 to use the OARRS data.

13 Do you recall that, Dr. McCann?

14 A. Yes.

15 Q. And that you decided not to use the OARRS
16 data because it had a three-digit zip code rather
17 than a five-digit zip code.

18 Do you recall that, Dr. McCann?

19 A. For the patient, correct.

20 Q. And your concern was that because you only
21 had a three-digit zip code for the patient, it
22 would be more difficult to do the distance analyses
23 required by some of your methods, correct?

24 A. It's not a matter of being more difficult.
25 It's just it couldn't be done in any meaningful way

1 if -- because the three-digit zip codes include a
2 lot of areas where the radius of a circle from the
3 midpoint would be more than 25 miles. So to have a
4 25-mile criterion for a flagging method between the
5 patient and a prescriber, a patient and a pharmacy
6 just doesn't make any sense in the context of a
7 three-digit zip code.

8 Q. That might be the case in some situations
9 for a five-digit zip code as well, couldn't it?

10 A. Yes.

11 Q. But I think you make a fair point that a
12 three-digit zip code doesn't provide the same level
13 of accuracies as the center of a five-digit zip
14 code would. Is that accurate?

15 A. It's more than that, but it's that, yes.

16 Q. And why is accuracy important in this? Is
17 it because for the distance measurement, precision
18 matters?

19 A. Not so much. It's that if you had a
20 five-digit zip code and had a patient in one and a
21 pharmacy or a prescriber in another where the
22 centers of those two zip codes are -- the center of
23 the patient's zip code to the precise location of
24 the pharmacy or prescriber is more than 25 miles,
25 if you group them into a three-digit zip code that

1 encompasses the area that the patient and the
2 prescriber or patient and pharmacy is, you don't
3 trigger that flag anymore because they appear to be
4 at exactly the same location, the center of the
5 three-digit zip code or something like that.

6 I'm not quite articulating that
7 explanation exactly right. If I tried it again,
8 I'd get it closer, but it's just a -- you're not
9 flagging hardly anything if you use three-digit zip
10 codes. You're just missing a lot making it not
11 worthwhile applying the flags at all. You're still
12 missing some if you're using a three-digit zip code
13 for the -- you're just missing -- you're still
14 missing some if you're using -- even if you were
15 using a five-digit zip code, but a three-digit zip
16 code is just not useful.

17 Q. Is there any reason you would use a
18 five-digit zip code instead of an address?

19 A. There might be. It might be a matter of
20 convenience or some sort of processing or
21 programming capabilities. Certainly there would be
22 some context where that would be appropriate.

23 Q. But it might be more inaccurate in some
24 other contexts, correct?

25 A. Yes.

1 Q. Can we look at the next exhibit? I don't
2 want to get too caught up on these. These are
3 analyses that we conducted using the OARRS data.
4 And as you can see on this one, which relates to
5 all at-issue opioids, it shows the Giant Eagle
6 market share based on transactions and MMEs and
7 then the market share for oxycodone oral solids
8 that are a strength of 30 milligrams or greater.

9 And it shows, assuming it's accurate,
10 Dr. McCann -- and I'm not asking you to adopt it.
11 I'm not asking you to accept this and to testify to
12 it, but would you agree that it shows that Giant
13 Eagle's market share is greater in the at-issue
14 opioids generally than it is in the stronger
15 oxycodone 30-milligram or greater strength opioids?

16 MR. MOUGEY: Objection.

17 THE WITNESS: That is so confusing. You just
18 said you were not asking me to accept it and
19 testify to it. Now you're asking me to accept it
20 and testify to it.

21 BY MR. KOBRIN:

22 Q. I'm asking you to accept what it says in
23 the chart.

24 Do you understand what we're saying in the
25 chart?

1 A. No.

2 MR. MOUGEY: Not really.

3 BY MR. KOBRIN:

4 Q. You don't understand it?

5 MR. MOUGEY: Objection.

6 BY MR. KOBRIN:

7 Q. Do you understand the term under-indexing,
8 Dr. McCann?

9 A. No.

10 Q. Do you understand when somebody has a
11 certain market share in a product and then their
12 market share in a sub-product is smaller? It shows
13 that they are selling less of the smaller product,
14 the sub-product --

15 MR. MOUGEY: Objection.

16 BY MR. KOBRIN:

17 Q. -- than would be expected based on their
18 overall market share? Does that make sense to you?
19 Do you understand that theory?

20 A. No. I would understand that comparison of
21 the relative absolute number is relative
22 percentages, but I don't know about that as a
23 theory or, you know, I'm not sure what you would
24 tend to argue from that. I would have to think
25 about that.

1 Q. Let me ask you this. Do market share
2 analyses like this one require any distance
3 analysis? This analysis doesn't look at distance,
4 does it, Dr. McCann?

5 A. No. It just looks at a specific
6 geographic point, not the distance between two
7 geographic points.

8 Q. It doesn't have any geographic points,
9 does it, Dr. McCann?

10 A. That's not true. It requires that the
11 pharmacies be in Lake or Trumbull Counties.

12 Q. For this analysis?

13 A. Well, I didn't do this analysis, but the
14 way you've labeled it, you said at-issue opioids,
15 Lake and Trumbull Counties. So you're saying that
16 these -- as I understand it, and I'm just trying to
17 understand something that you put in front of me
18 for the first time 30 seconds ago, you seem to be
19 saying these are shipments to pharmacies that are
20 physically located in Lake and Trumbull County. So
21 there is a geographic aspect.

22 Q. Sir, it doesn't have any distance-related
23 aspect, does it, Dr. McCann?

24 A. I don't know. It's not my document. It
25 doesn't seem to, but I don't know.

1 Q. Does this analysis require a five-digit
2 zip code, Dr. McCann?

3 A. I don't know. How can you ask me to
4 testify to this? You start out by saying you were
5 not going to ask me to testify to this. I can't
6 accept it, and I can't testify to it. I don't
7 know.

8 Q. Do market share analyses like this one
9 require a five-digit zip code, Dr. McCann?

10 A. They might. It would depend on the -- the
11 geographic area covered by the market share.

12 Q. I said require. So they might. You're
13 saying they might. I'm saying do they require a
14 five-digit zip code? Do they require the
15 pharmacies or any of the parties involved in this
16 analysis to provide you with a five-digit zip code
17 as to their location?

18 A. I don't know. I didn't do this analysis.
19 I have no idea what it is.

20 Q. Let's talk generally. If you were doing a
21 market share analysis for Lake County, would you
22 need to have a five-digit zip code for all of the
23 entities that you were doing market share analysis
24 for?

25 A. I would need more finely an address. I

1 would need something to identify that it was, in
2 fact, in Lake County or in Trumbull County.

3 Q. And outside of that, would you need any
4 kind of zip code for patients or for pharmacies?

5 A. Outside of needing a zip code, I would not
6 need a zip code, no. That's correct.

7 Q. Why would you need a zip code to do a
8 market share analysis?

9 A. I would need an address.

10 Q. Would you need a patient zip code?

11 A. No.

12 Q. And the OARRS problem was patient zip
13 codes, wasn't it, Dr. McCann?

14 A. Correct.

15 Q. So you could do a market share analysis
16 without the patient zip code, the five-digit
17 patient zip code, that you claimed OARRS did not
18 provide, correct?

19 A. I'm so confused. The market share
20 analysis of what.

21 Q. You could do a market share analysis of
22 pharmacies' market share in Lake County or Trumbull
23 County without knowing a five-digit zip code or any
24 zip code for patients in Lake County and Trumbull
25 County, correct?

1 MR. MOUGEY: Objection.

2 THE WITNESS: I wouldn't use OARRS data. Are
3 you telling me --

4 BY MR. KOBRIN:

5 Q. I'm telling you you could have done a
6 market share analysis for the OARRS data, couldn't
7 you have?

8 MR. MOUGEY: Objection.

9 THE WITNESS: I don't know. I didn't think
10 about it. I wouldn't use OARRS data. I would use
11 the ARCOS data, or I would use the defendant
12 transaction data. I don't understand why you're --
13 BY MR. KOBRIN:

14 Q. How could you do a market share analysis
15 with ARCOS data or the defendant transaction data?

16 MR. MOUGEY: Objection. Argumentative.

17 THE WITNESS: Well, because the ARCOS data
18 identifies the distributors and the pharmacies. So
19 if you wanted to do a market share analysis of
20 distributors, shipping to pharmacies in Lake and
21 Trumbull County, you would do it with the ARCOS
22 data. I'm completely confused by this line of
23 question.

24 Q. What if you wanted to analyze dispensed
25 products?

1 MR. MOUGEY: Objection.

2 THE WITNESS: I would still use the ARCOS data,
3 not the OARRS data.

4 BY MR. KOBRIN:

5 Q. You would use the ARCOS data?

6 A. Correct.

7 Q. But that's distribution data, isn't it,
8 Dr. McCann?

9 A. But it's --

10 MR. MOUGEY: Same objection.

11 THE WITNESS: It's not just distribution data.
12 It's equal like the other side of the coin. It's
13 receipts of opioids by pharmacies identified down
14 to their street address. So you identify the
15 pharmacies that are in Lake and Trumbull. And with
16 the exception of some very small rounding error due
17 to changes in inventory, you calculate market share
18 using the ARCOS data. There would be no reason to
19 use the OARRS data.

20 BY MR. KOBRIN:

21 Q. Did you do any kind of market share data
22 using the ARCOS data then? If you could have done
23 that and you could have done it across all
24 pharmacies in Lake and Trumbull County, did you
25 ever do that?

1 A. Yes.

2 MR. MOUGEY: Objection.

3 BY MR. KOBRIN:

4 Q. You did do a market share analysis across
5 all pharmacies in Lake and Trumbull County?

6 A. Yes.

7 Q. And did you compare the non-defendant
8 pharmacies to the defendant pharmacies in this
9 litigation?

10 A. Not that I recall in the way you've put up
11 this demonstrative in front of me, but I believe
12 the appendices also include market shares of
13 distributors in Lake and Trumbull County, and that
14 would include both defendants and non-defendants.

15 Q. We're not talking about distributors, sir.
16 We're talking about pharmacies. We're talking
17 about the dispensing pharmacies.

18 You said that you would use distribution
19 to those pharmacies as a proxy for dispensing for
20 their market share, and I'm asking you if you did
21 an analysis of the pharmacies' market share in Lake
22 and Trumbull Counties?

23 MR. MOUGEY: Objection.

24 THE WITNESS: I'm getting more and more
25 confused by your confusing questions because I've

1 got an exhibit that shows the, I believe, MME or
2 dosage units received by each pharmacy in Lake and
3 Trumbull County, and then in there, I also show
4 which distributors shipped to each of those
5 pharmacies. So it seems to be all in my report
6 already, but I may not have cross-tabulated it in a
7 way you're suggesting. I just don't know because
8 I'm now extremely confused.

9 BY MR. KOBRIN:

10 Q. That's very helpful.

11 Did you do it for each pharmacy by
12 location?

13 MR. MOUGEY: Objection.

14 THE WITNESS: When you talk about pharmacy, I
15 think -- I have been thinking, like Ms. Swift,
16 you're referring to the chain pharmacies who are
17 here as distributor defendants. And if you're
18 meaning the physical location of the pharmacy, the
19 sort of retail store, then I go back to the answer
20 that I gave you.

21 I have a listing of the retail stores in
22 Lake and Trumbull County, what their receipts are,
23 I think, in dosage units and MME, and I have in
24 those reports the distributors, including the chain
25 distributors, who ship to that location. So I

1 think the answer is yes to all of that.

2 BY MR. KOBRIN:

3 Q. You have that broken out by drug or just
4 drug quantities in MME?

5 A. I don't recall.

6 Q. Do you recall whether you included
7 non-defendant pharmacies in that analysis?

8 A. I believe so. I don't recall with
9 certainty, but there's something called -- it's a
10 whole appendix called Pharmacy Reports. That's
11 where you'll find it all.

12 Q. So did you have any kind of analysis, or
13 do you have any conclusions regarding the MME share
14 for dispensing by non-defendant pharmacies?

15 A. I'm sorry. Could you clarify that
16 question, when you say non-defendant pharmacies,
17 what you mean.

18 Q. Do you have any conclusions or analysis of
19 the market share of non-defendant pharmacies?
20 There are other pharmacies who aren't defendants in
21 this case; isn't that right, Dr. McCann?

22 A. I don't think of the defendants here as
23 pharmacies. I think of them as chain pharmacy
24 companies that are here in their role as
25 distributors. So if your question is are there

1 non-defendant distributors who I have data for and
2 did I calculate their shipments to retail
3 pharmacies compared to the chain distributors, I
4 have the data in these reports, but I don't recall
5 tabulating it exactly the way you're describing.

6 Q. Is your position that the chain pharmacies
7 who are defendants in this case are only defendants
8 as distributors in this case?

9 MR. MOUGEY: Objection.

10 THE WITNESS: No. They're here both in their
11 role as distributors and as dispensers.

12 BY MR. KOBRIN:

13 Q. Sir, I'm talking about as dispensers here.
14 Is that clear?

15 A. No, it has not been clear.

16 Q. Okay. So now that's clear, we're talking
17 about dispensing as I said earlier.

18 Did you do any analysis of the
19 non-defendant pharmacies that are in Lake and
20 Trumbull County?

21 A. Yes.

22 Q. Did you analyze the market share held by
23 the non-defendant pharmacies?

24 A. I have information on the total shipments,
25 the pharmacies, in Lake and Trumbull in my report,

1 and I have the shipments by the defendants to their
2 pharmacies in Lake and Trumbull. Is that what
3 you're asking me?

4 Q. I'm asking you if you have any analysis of
5 the dispensing done by the non-defendant
6 pharmacies, the pharmacies that are located in Lake
7 and Trumbull County that are not defendants in this
8 litigation.

9 You said that you analyzed market share
10 across Lake and Trumbull County, and I'm asking you
11 if you had any conclusions regarding non-defendant
12 pharmacies and their market share in Lake and
13 Trumbull County.

14 MR. MOUGEY: Objection.

15 THE WITNESS: I did not say that I analyzed
16 market share. What I said is that the data is in
17 my report where you could calculate a market share,
18 and you would see that if you go to the pharmacy
19 reports. There's a list of roughly 200 pharmacies.
20 Only 50 or 60 of those are pharmacies operated by
21 the defendants in this case. You could add up the
22 amounts shipped to pharmacies that were owned by
23 the defendants in this case and divide it by the
24 total, and you would get a market share, but I
25 didn't do that calculation.

1 BY MR. KOBRIN:

2 Q. You didn't do the calculation of market
3 share in Lake and Trumbull County?

4 A. Not that I recall.

5 Q. Thank you much.

6 You didn't use it using OARRS data or
7 ARCOS data; is that correct?

8 MR. MOUGEY: Objection.

9 THE WITNESS: Correct. I'm sorry. I didn't do
10 the calculation. The data is in my report.

11 BY MR. KOBRIN:

12 Q. You didn't do any analysis of market
13 share?

14 MR. MOUGEY: Josh, please let him finish.

15 BY MR. KOBRIN:

16 Q. I'm sorry, Dr. McCann.

17 A. I don't recall whether there's a percent
18 market share reported anywhere, but the data to do
19 the calculation easily is in the report.

20 Q. To the best of your recollection, you
21 didn't do any analysis of market share using any of
22 the data that you had at your disposal, correct?

23 A. No. I did market share for every single
24 pharmacy physical location. What I didn't do is
25 add up the physical locations that are owned or

1 operated by the defendants in this case and divide
2 it by the total.

3 So there is a market share for each
4 pharmacy. There is just not a summation of those
5 numbers across the 50 or 60 pharmacies that are
6 owned by the defendants.

7 Q. You didn't do a market share for the
8 non-defendant pharmacies. You didn't do an
9 analysis of the market share of the non-defendant
10 pharmacies in this litigation, did you, Dr. McCann?

11 MR. MOUGEY: Objection.

12 THE WITNESS: That's also not true. By
13 definition, I did it for every single pharmacy,
14 including the non-defendant pharmacies, and there
15 may be 120 or 140 of them. If you -- and I've got
16 an exhibit that reflects each of them. If you add
17 up those numbers and divide by the total -- it's
18 just on three pages of paper or something. If you
19 add up those numbers and divide by the total, you
20 get the market share of the non-defendant
21 pharmacies.

22 BY MR. KOBRIN:

23 Q. So we can use your data to understand the
24 MME market share of the non-defendant pharmacies in
25 Lake and Trumbull County?

1 A. I believe that's correct. You'd have to
2 look at Appendix 8 to confirm that, but I believe
3 that's correct.

4 Q. And we can do that by different product
5 lines, for example, oxycodone 30 milligram or
6 stronger?

7 A. Not to that level of detail, I don't
8 think, but I'd have to look just to make sure.

9 Q. Could we do an analysis showing how much
10 of the stronger opioids were flowing through the
11 non-defendant pharmacies versus the defendant
12 pharmacies?

13 A. Well, sure, easily in the data that I
14 provided to you with the report, but it may not be
15 in the text or the appendix right now of the
16 report.

17 Q. And that would show what was distributed
18 to the non-defendant pharmacies from the major
19 distributors?

20 A. Yes.

21 Q. And that analysis is in this litigation?

22 A. I didn't say it was.

23 Q. You just said that that is there. Sorry.
24 The data is in this litigation. Strike that.

25 The data to do that analysis is a part of

1 your report in this litigation?

2 A. Yes.

3 Q. But you did not do that analysis using the
4 ARCOS or the OARRS data in this litigation?

5 A. Correct.

6 Q. Let's look at GE McCann 8, which will be
7 Exhibit 19, I think.

8 (Whereupon, McCANN Deposition
9 Exhibit No. 19 was marked for
10 identification.)

11 BY MR. KOBRIN:

12 Q. And what we're going to be looking at are
13 the variables that were produced in this litigation
14 by Giant Eagle.

15 Do you recognize these field names?

16 A. No.

17 Q. Do you know what they mean?

18 A. Well, going down through them, there are
19 some that are pretty descriptive that I think I
20 know what they mean, but others, I don't.

21 Q. For example, NDC, underscore, NO probably
22 means NDC number, right?

23 A. Pretty good with that one.

24 Q. Do you know what the one under that one
25 means, FILL, underscore, DTE?

1 A. Yes. I would interpret that to be the
2 fill date of the prescription.

3 Q. What about at the bottom, TX, underscore,
4 DTE, underscore, TME?

5 A. Well, because it includes what looks like
6 a time component, I would think it's when the
7 prescription was filled, but I'm not sure why it
8 has that particular name. I'd have to look at it.

9 Q. What about record, underscore, date?

10 A. I'm not sure what that's referring to.

11 Q. When you did your analysis, did you ask
12 anyone what these fields meant?

13 A. Oh, yes. The different -- the five
14 different chain distributors have different names
15 on what are basically the same fields, slightly
16 different names, and we reconciled that. So I am
17 sure that we knew what each of these fields were
18 and how they corresponded to a named field in one
19 of the other distributor defendants' data. I just
20 don't recall, as I sit here, looking at these
21 couple of items from HBC what they mean, but yes.

22 Q. I just want to -- I don't want to be
23 accused of interrupting you, but I do want to
24 clarify this is dispensing data fields. So we're
25 talking about dispensing here again.

1 A. Yes.

2 Q. I just want to make sure there's no
3 confusion about that.

4 A. I apologize. Yes. You're right.

5 Q. No. There's no need for an apology. I
6 just want to make sure I'm clear.

7 So for these dispensing data fields, you
8 said you're sure you know how, but you're not sure
9 if anyone asked to be written discovery or any
10 other discovery method what these fields meant?

11 A. Right. I'm not aware that we had any
12 problem understanding these fields, but without the
13 actual data below these field names, it's a little
14 bit hard for me to look at the field name and tell
15 you what that field is. If you've shown me all of
16 the data, and especially after we reviewed it in
17 light of the other defendants' dispensing data,
18 we -- we understood all of the fields that we
19 needed to understand. I just don't know, as I'm
20 sitting here without the benefit of the underlying
21 data, exactly what some of these fields mean.

22 Q. So with the underlying data, you were able
23 to fully understand all these fields and reconcile
24 them?

25 A. At least the fields we wanted to use, yes.

1 Q. Were there any fields, sir, that you
2 didn't want to use?

3 A. I don't know whether with respect to HBC,
4 but I recall what sticks in my mind is another
5 distributor defendant, chain pharmacy defendant's
6 dispensing data had three fields that looked like
7 they were naming something different, but the --
8 there were date fields, and they were identical
9 dates. There were some other issues, but in a lot
10 of the data sets, there were superfluous fields,
11 fields that we didn't need to use. So I'm not
12 claiming that we resolved any uncertainty around
13 all of the fields, including fields that we thought
14 were superfluous that we didn't use, but we did
15 resolve any uncertainty that we had about any field
16 that we wanted to use.

17 Q. How did you resolve those issues or
18 uncertainties for fields that you wanted to use?

19 A. Well, the meaning of that label became
20 clear typically when you looked at the context, if
21 you looked at the data that was below the field
22 name.

23 Q. So you resolved it by looking at the data?

24 A. Yes. There may have been some instance
25 where we had to go back to counsel and ask for some

1 clarification on a field name because, as I said,
2 the different defendants used some variations of
3 names for these fields, but that didn't seem to be
4 a big problem. A bigger problem was with the
5 underlying data itself, not with what the field
6 names meant.

7 Q. Well, to your recollection, did you ever
8 ask anyone to go back to Giant Eagle and ask what
9 any of these fields meant or to resolve any issues?

10 A. Not that I'm aware of, no.

11 Q. You might have already said this in your
12 explanation. I apologize if you did. Strike that.

13 Did pharmacy defendants provide all the
14 data fields that plaintiffs requested for the
15 entire discovery period?

16 A. I don't know.

17 Q. You don't know? Well, what would you --
18 to your recollection, were there any situations in
19 which pharmacy defendants didn't provide all the
20 fields that plaintiffs requested for the entire
21 discovery period?

22 A. I don't know. That seems to be a
23 discussion that doesn't involve me. It's between
24 the lawyers for the plaintiffs and for the
25 defendants and what the plaintiffs asked for and

1 what the defendants provided. I don't know. All I
2 could tell you is what we used, you got it because
3 you provided it to us.

4 Q. If you didn't have a field that was
5 necessary for the entire discovery period, how did
6 you resolve that issue?

7 A. I don't think there was any data field
8 that was completely empty for the entire discovery
9 period, but within the data sets that each firm
10 produced, there would be some records where a field
11 was left blank that ought to have been filled in.

12 To give you an example, the -- there
13 should be a DEA number and an NPI number for every
14 prescriber. And in some cases, there were neither
15 a DEA number or NPI number, or there would be just
16 a DEA number and not the NPI number or the reverse,
17 just the NPI number, not the DEA number. In other
18 situations, there would -- there would be missing
19 fill time or something else.

20 So there were -- there's some missing
21 data, but not that I recall for the entire time
22 period for every record.

23 Q. What would you do if there was missing
24 data for a portion of the discovery period, for
25 example, as you said, the NPI number or the fill

1 date?

2 A. I think you'll see this in the code, but
3 generally, if there was no NPI or DEA number, and
4 that was fairly rare, but if there was neither of
5 those in the dispensing data, we set that record
6 aside and didn't use it. If there was a DEA number
7 and multiple NPI numbers, which we see in some
8 cases for the same DEA number and then some blank
9 NPI numbers, we would assign the most frequent NPI
10 number matching that DEA number to the blank fields
11 for the NPI number rather than lose those records.

12 Similarly, if there were blank DEA numbers
13 for an NPI number, but elsewhere in the data, we
14 found the DEA number associated with that NPI
15 number, we would fill in the DEA number. So we
16 would treat that as just whoever was entering the
17 data didn't enter both the NPI and the DEA number,
18 and we would fill it in. These are relatively
19 infrequent, but that's the sort of thing where
20 rather than completely disregard that record, we
21 would fill it in based on other information that
22 the defendant provided to us.

23 Q. Would you also fill in information for
24 date and time fields that were empty for a period
25 of discovery?

1 A. Not for dates, but for some of the
2 defendants, they didn't provide the fill time for
3 approximately half of the dispensed prescriptions.
4 For some of the defendants, they provided the fill
5 time for almost every single prescription. So
6 there's a little variation there. For the missing
7 fill times, we used 12:00 noon for all of those
8 missing fill times.

9 Q. So if there was no fill time, you put in
10 12:00 noon as a default for all of them. Is that
11 accurate?

12 A. Correct.

13 Q. Were you at all concerned when you did
14 that, that that would lead to false positives for
15 any of your analyses of the dispensing data?

16 A. Well, it could go either way, but we
17 couldn't lose -- for those defendants that didn't
18 provide the fill time for 40 or 50 percent of the
19 transactions, couldn't lose all of those records.

20 Q. And that's because you want to have an
21 apples-to-apples comparison between the different
22 defendants? Is that why, that you need to have the
23 same info for each of the defendants?

24 A. Well, no, but if you're a defendant and
25 you don't want McCann to run any flags on the

1 dispensed prescriptions that involve fill time, if
2 you can accomplish that by just not providing the
3 data, including fill time, then that would sort of
4 defeat the purpose of me doing the analysis that
5 I've done. I've done the analysis. The code shows
6 that for missing fill times, we filled in
7 noon, and I'm explaining it to you. The couple of
8 defendants that did that can always, of course, fix
9 the data that they provided, but that's --

10 Q. You're saying that they didn't provide the
11 date to you because they didn't want you to be able
12 to analyze the date?

13 A. No. I'm not saying that at all.

14 MR. MOUGEY: Objection.

15 BY MR. KOBRIN:

16 Q. If a defendant didn't have a time stamp on
17 its transactions prior to a certain date, you put
18 the time stamp as noon for all those transactions,
19 correct?

20 A. It goes beyond that. If there's a missing
21 fill time, we used 12:00 noon.

22 Q. If there's a missing transaction time, you
23 use 12:00 noon, too, don't you?

24 A. All of our time-sensitive flags are based
25 on fill time.

1 Q. What does fill time mean to you?

2 A. I'm not a pharmacy subject matter expert,
3 but I understand it to be the time that the
4 prescription is filled.

5 Q. What does that mean, Dr. McCann?

6 A. Well, just as a layperson, when I walk up
7 to the counter and submit a prescription, it's that
8 time or minutes later. If the prescription is
9 called in by my doctor, maybe the fill time is
10 earlier than that.

11 Q. So you're not sure what the fill time --
12 we're talking about a specific time. You're not
13 sure what that fill time means?

14 A. I've told you what I understand the field
15 fill time across the defendants' dispensing data
16 means.

17 Q. What does it mean? I'm still not sure.
18 Can you just tell me again? What is the act that
19 is happening? It's a particular time. It's an
20 hour and a minute. What is happening at the fill
21 time?

22 A. Well, I think the pharmacist is putting
23 the pills in my bottle -- in the bottle that I
24 ultimately buy, but I don't know that for a fact.

25 Q. So you don't know for sure what fill time

1 means?

2 A. Correct. I think Mr. Catizone would have
3 to explain that. I just see the fill time
4 reflected in the dispensing data across the
5 defendants, and I was asked to run flagging methods
6 based, in part, on those fill times.

7 Q. Do you know what transaction time means in
8 the date/time field that we looked at, TX,
9 underscore, DTE, underscore, TME? Do you know what
10 that means?

11 A. No.

12 Q. And we already established that you don't
13 know what record date means?

14 A. Correct. We also previously established
15 that I didn't know what transaction date/time
16 meant.

17 Q. Would you look at GE McCann 10, which I
18 believe will be Exhibit 20?

19 (Whereupon, McCANN Deposition
20 Exhibit No. 20 was marked for
21 identification.)

22 BY MR. KOBRIN:

23 Q. This is data that we drew from your flag
24 data. We just chose a single prescriber who was
25 flagged for plaintiffs using Method 13. As you may

1 recall, Method 13 in your report, and I'm reading
2 from Page 152 of your report, which is Exhibit 1,
3 is an opioid dispensed to at least three different
4 patients within an hour, and the opioid
5 prescriptions were for the same base drug,
6 strength, and dosage form, and were written by the
7 same prescriber.

8 Do you see that?

9 A. Yes.

10 Q. Now, Giant Eagle didn't have a transaction
11 date/time in 2012. They upgraded their systems and
12 began providing it around 2013, 2014.

13 So as you've explained, you can see that
14 you put 12:00 noon in as the fill time; is that
15 correct?

16 A. Well, your lead-in said that they didn't
17 have a transaction date/time. I guess they also
18 didn't have a fill time.

19 Q. That is correct. There is missing fill
20 time for the first two and for the last one. So
21 you put noon for all of them, correct?

22 A. Correct.

23 Q. And because you put noon for all of them,
24 they all flagged for your dispensing Method 13 that
25 they were dispensed within an hour?

1 A. Correct.

2 Q. And you based that on fill time, correct?

3 A. Correct.

4 Q. Now, you just told me that fill time, to
5 your understanding, meant pills being put in the
6 bottle; is that correct?

7 A. That was my layman's understanding.

8 Q. Okay. Do you think that that is when the
9 drug is dispensed, or for putting a time on
10 something, the dispense time would be when the drug
11 is handed to the patient?

12 A. I don't know. Neither of these times say
13 dispense time. They say transaction time or fill
14 time, and I was just told to run the algorithms on
15 fill time.

16 Q. So you put noon in for fill time?

17 A. If the defendant didn't provide the fill
18 time, that's correct.

19 Q. So that would inherently mean that it
20 would flag for 13 if it was otherwise responsive to
21 that flag because it was, obviously, within the
22 same hour if they were all being filled, excuse me,
23 at noon, correct?

24 A. If three different patients received the
25 same drug, same strength, same dosage form from the

1 same provider, they would get flagged. That's
2 correct.

3 Q. Because you put them all at noon, correct?

4 A. Well, that's right, because you didn't
5 provide the fill time.

6 Q. Are you accusing defendants of having not
7 provided it in response to discovery, or are you
8 saying we just don't have the fill time? I'm
9 confused by your comment.

10 MR. MOUGEY: Objection.

11 THE WITNESS: I'm just saying that you did not
12 provide a fill time, and so either we disregard
13 half of HBC's dispensing data for purposes of
14 applying dispensing flags, or we fill in a fill
15 time. That seems to be the two choices. Either --
16 BY MR. KOBRIN:

17 Q. I'll make clear that --

18 A. Either half of your data is of no use, or
19 we have to do the best we can with it.

20 Q. And the best you can was to give them all
21 the same time, correct?

22 A. Correct.

23 MR. MOUGEY: Objection.

24 BY MR. KOBRIN:

25 Q. But you don't know what fill date, record

1 date, or TX DTE TME actually mean, correct?

2 A. Correct. We're pretty good on fill date,
3 right, but record date, I'd have to go back and
4 look at a bunch of data, and I might be able to
5 infer what record date or transaction date means,
6 but as we're sitting here, you're asking me really
7 primarily just with those header labels. I can't
8 tell you for sure.

9 Q. Why are we good on fill date? I just want
10 to make sure I didn't miss something.

11 You said we're good on fill date. What do
12 you mean by that?

13 A. Well, you've got a -- in some of the data,
14 you've got date and time, and for some of the
15 defendants, those fields are concatenated. We have
16 both the date and the time.

17 Q. Those are from you, Dr. McCann. Those
18 were not provided by defendant, Giant Eagle. Those
19 were created by plaintiffs.

20 A. I'll have to go back and check.

21 Q. The fill -- I'm sorry.

22 A. I feel comfortable with the fill date. I
23 feel less comfortable with the fill time,
24 obviously, because so much of HBC's records don't
25 include a fill time.

1 Q. Sir, I asked you what fill time meant, and
2 you said you're comfortable with the fill time.

3 Are you saying you're comfortable with
4 what fill time means?

5 MR. MOUGEY: Objection.

6 THE WITNESS: I mean I'm comfortable using the
7 data in the fill time record provided by the
8 defendants for purposes of applying the
9 prescription red flags.

10 BY MR. KOBRIN:

11 Q. So you believe that it's -- strike that.

12 You're comfortable using the fill date for
13 Flagging Method 13 and the dispensing flags?

14 A. Yes.

15 MS. FUMERTON: Hey, Josh, does it make sense --
16 oh, sorry. I didn't mean to interrupt you -- just
17 to take a break sometime soon?

18 MR. KOBRIN: Yeah.

19 BY MR. KOBRIN:

20 Q. Are you -- so you're comfortable that fill
21 date is the time that an opioid was dispensed?

22 A. No. You said that wrong.

23 Q. Well, you used it for 13, and 13 is an
24 opioid that was dispensed to at least three
25 different patients within an hour.

1 A. But in your question just now, you said
2 comfortable using the fill date as the time. I'm
3 sorry. I think you mean fill time as the time
4 or --

5 Q. Well, we don't have any fill -- you put
6 the time in as 12:00 noon, correct?

7 A. Right.

8 Q. You also used the fill date, you said?

9 A. Correct.

10 Q. And you said we're comfortable with the
11 fill date here. So you're comfortable using the
12 fill date for Method 13, correct?

13 A. If I understand your question, yes.

14 Q. So you're comfortable that the fill date
15 is the date the opioid was dispensed?

16 A. I'm comfortable running the flag on the
17 fill date as I was instructed.

18 MR. KOBRIN: Let's take a quick break.

19 THE VIDEOGRAPHER: We are going off the record.
20 The time is now 3:34.

21 (Whereupon, a short break was
22 taken.)

23 THE VIDEOGRAPHER: We are back on the record.
24 This is the start to media No. 6. The time is
25 3:52.

1 BY MR. KOBRIN:

2 Q. Dr. McCann, if we can jump back to the
3 same exhibit we were on previously. It's
4 Exhibit 20.

5 In the situations in which there is no
6 fill date or transaction date/time, do you know
7 where you got the fill date in both the fill date
8 and the fill time columns that were created by you?
9 I think you're muted, Dr. McCann.

10 A. Thank you. Yes. Not as I sit here. I
11 don't recall. I would have to check.

12 Q. And is it fair to say that the date in the
13 fill date that you created and the date in the fill
14 time field that you created, that they should be
15 the same? Strike that.

16 Let me just preface it with there's a date
17 in the fill date field that you created, and
18 there's a date in the fill time along with the
19 12:00 noon time that you put into these
20 transactions.

21 Is it fair to say that the date in both of
22 those fields, the date and the fill date and the
23 date and the fill time, should be the same date?

24 A. I think so. I would have to check with
25 the staff that worked on all of this data to see if

1 there's some exception to that, but I think that
2 would be the rule certainly.

3 Q. Can you think of a reason why the date in
4 the fill date field that you created would be
5 different from the date that you put in the fill
6 time you created?

7 A. Not as I sit here. I really just can't
8 give it any thought as I sit here, but I'll just
9 have to think about it offline.

10 Q. Because you can't answer that question
11 right now?

12 A. Correct. I can't think of any reason
13 right now, but it may be I'm just not able to think
14 about it right now. I'll have to think about it
15 offline and look at the data, not just these five
16 records, but the data more generally.

17 Q. If we could -- we talked about earlier how
18 you added the 12:00 noon date for any time there
19 was not a transaction time or fill time; is that
20 correct?

21 A. There was a little confusion in your
22 question, but where there was a fill time missing,
23 we filled in 12:00 noon.

24 Q. Did plaintiffs request a fill time?

25 A. I have no idea. We didn't get a fill time

1 for virtually all of the dispensed prescriptions
2 for at least three of the five defendants, and for
3 a couple of them, we received a fill time in
4 roughly half of the dispensed prescriptions.

5 Q. But you don't know whether plaintiffs
6 actually asked for a fill time?

7 A. Correct.

8 Q. Would it make sense that defendants might
9 not have provided a fill time if plaintiffs didn't
10 ask for a fill time?

11 MR. MOUGEY: Objection.

12 THE WITNESS: I don't know. Certainly three of
13 the defendants provided fill times for all of the
14 transactions, all the -- so I don't know. It
15 wouldn't seem to make sense to me, but I don't
16 know.

17 BY MR. KOBRIN:

18 Q. Did you notice at all that the addition of
19 the 12:00 noon fill time for Giant Eagle led to any
20 false positives?

21 A. Well, there wouldn't be any false
22 positives identified so far anyway. They would
23 only be identified if you then subsequently
24 provided the actual fill times rather than the
25 missing fill times. If you provided the actual

1 fill times, we could compare the results of the
2 flagging methods on the complete data with the
3 flagging methods on the data you did provide, and
4 we could figure out whether there were any false
5 positives as a result of that data you didn't
6 provide.

7 Q. If there were no fill time records to
8 provide, did you notice any unusual trends that
9 were caused by the use of a 12:00 noon fill time
10 anytime there was no fill time record to provide?

11 A. No.

12 Q. Could we look really quick at Exhibit 11
13 at Page 208? We were looking at Method 13 for
14 dispensing. Do you recall that, Dr. McCann?

15 A. Yes.

16 Q. And this is for Giant Eagle in Lake and
17 Trumbull County. We've highlighted Red Flag
18 Competition 13, and I represented to you earlier
19 that there was no time stamp for transactions at
20 Giant Eagle until 2013, 2014.

21 Do you recall that?

22 A. I don't recall the dates that you gave me
23 before, but I recall you saying something like
24 that.

25 Q. Did you notice any unusual trend in the

1 flags for Computation 13 for Giant Eagle between
2 2006 to 2012 versus the trends after there was a
3 transaction time beginning in 2013-14?

4 A. Well, I don't know the trends or
5 transaction times, but I see the percents flagged
6 under Flag 13 are much higher from 2006 to 2012
7 than they are from 2013 on.

8 Q. And 2006 to 2012 is the period in which
9 you inserted a 12:00 noon time stamp on the
10 transactions, correct? For any transaction --
11 missing transaction time, you put 12:00 noon for
12 2006 to 2012, correct?

13 A. We did it for all years, not just those
14 years. Any transaction record that didn't have a
15 fill time, we put in a fill time rather than lose
16 the record.

17 Q. I represented to you that Giant Eagle
18 started collecting fill times in 2013, 2014. So
19 you wouldn't have had to fill in the 12:00 noon
20 time, correct?

21 A. No. We would still fill in the 12:00 noon
22 time after if any of the later dispensed
23 prescriptions, the fill time was not included.
24 Anytime the fill time was not included, we filled
25 it in with 12:00.

1 Q. And if they were collected and produced to
2 you from 2013 approximately through the end of the
3 discovery period, you wouldn't have had to put the
4 12:00 noon fill time in, correct?

5 A. Right. Of course, that would also be true
6 for 2006 to 2012. It's true that if the data had
7 been provided, we wouldn't have to fill in the
8 data.

9 Q. But you're not even sure if the plaintiffs
10 asked for the data, correct?

11 A. I don't know what the plaintiffs asked
12 for. I think you just represented that HBC
13 produced it in any case for some of the years, but
14 not other years.

15 Q. They produced the transaction date and the
16 transaction time.

17 A. Okay.

18 Q. Isn't that correct?

19 A. I don't know. You're the one who is
20 making the representation.

21 Q. Well, did you only use fill time for
22 Method 13?

23 A. I would have to go back and check and see
24 what we did. It seems like HBC has a particular
25 problem with times, but I just have to go back and

1 look at the details of how we resolved all of the
2 different issues.

3 Q. If Giant Eagle provided a date and a time
4 for that field that we talked about earlier, TX,
5 underscore, DTE, underscore, TME, do you know if
6 you used that in Method 13?

7 A. I don't know. I'll have to go back and
8 look at exactly what we did to resolve whatever
9 issues there are with the HBC data.

10 Q. This is the Giant Eagle dispensing data,
11 Dr. McCann.

12 A. Yes.

13 Q. This doesn't have anything to do with HBC.
14 Do you understand that, Dr. McCann?

15 A. I don't think that it has nothing to do
16 with HBC. You see the title of the exhibit says
17 Giant Eagle HBC Combination Red Flag Prescription
18 Summary.

19 Q. Who put that there, Dr. McCann?

20 A. We did.

21 Q. Okay. You understand that HBC is the
22 warehouse though, right, Dr. McCann?

23 A. Yes.

24 MR. KOBRIN: Subject to there being any
25 additional time to ask questions, I'm going to pass

1 the witness.

2 MS. FUMERTON: I'll start over. This is Tara
3 Fumerton on behalf of Walmart, Inc. Dr. McCann, we
4 met several moons ago in a conference room before
5 the pandemic hit, but it's nice to see you again.
6 I actually think we can just keep going on the
7 record if that's okay with everybody that we don't
8 need to take a break?

9 MR. MOUGEY: Okay with me.

10 THE WITNESS: Good to see you, ma'am. Yes.

11 MS. FUMERTON: Okay. Great.

12 EXAMINATION

13 BY MS. FUMERTON:

14 Q. So Dr. McCann, when Ms. Swift was asking
15 you some questions earlier during the day, she
16 asked you if you were disavowing anything in your
17 report, and you said nothing except for maybe
18 Appendix 8C.

19 Do you recall saying something along those
20 lines?

21 A. Yes.

22 Q. Okay. So I want to talk about 8C. Tell
23 me what you meant by that comment.

24 A. Well, I don't mean to single out Walmart,
25 but there was a few months of transaction data

1 missing from ARCOS that was in the Walmart-produced
2 defendant transactions, and we received that
3 sometime in the week preceding when the expert
4 report was due. And we didn't have time to do
5 everything we would have wanted to do with all of
6 the defendant transaction data, but because of that
7 gap in the ARCOS data for Walmart, we did try to
8 use the Walmart data in my initial report. We used
9 the Walmart data to fill in that three-month gap,
10 approximately three-month gap, and we ran some
11 analysis on the Walmart data, the ARCOS data and
12 the defendant transaction data combined, and we
13 reported that in 8C.

14 When we get to the supplemental report a
15 couple of weeks later, we analyzed all of the
16 defendant transaction data, not just Walmart's, and
17 we create a supplemental 8A, and it -- it replaces
18 8C. It's in addition to 8A and 8D that were
19 attached to the initial report, but it should be
20 thought of as -- at least the portion of it that
21 refers to Walmart as replacing 8C.

22 Q. Okay. You've said a lot there. I just
23 want to unpack it. I think I was following, but I
24 want to make sure I do fully understand this.

25 So let's back up for a second. You

1 provided an opinion about Walmart's distribution
2 data and Walmart's ARCOS data in Track 1, correct?

3 A. Correct.

4 Q. And I recall from your Track 1 report that
5 you had identified in that report that there was
6 a -- I think you described in that report a minor
7 discrepancy between the ARCOS data and the Walmart
8 transactional data.

9 Do you recall that?

10 A. I'm sorry. I don't, but that's quite
11 likely the case. I think that was true across the
12 distributors.

13 Q. Okay. And so what I'm trying to
14 understand is then it sounds like you thought this
15 was a new issue, and so I'm trying to understand
16 what's new about it because you also in your
17 report, and I do want to walk through this,
18 detailed this issue as well in your report that was
19 served on April 16th, correct?

20 A. Yes.

21 Q. So why don't we start there, and let's
22 work our way up to what happened with respect to
23 8C.

24 So if you have your report in front of
25 you, I think it was marked as Exhibit 1, I'm going

1 to refer to some paragraphs. If you want to
2 reference your report, you can. Just for the issue
3 of time, I don't think you necessarily need to pull
4 it out, but on Page 199 of your report,
5 Paragraph 241, you conclude that after correcting
6 for a relatively small number of records, the ARCOS
7 data produced by the DEA is complete and reliable,
8 correct?

9 A. I apologize. I missed the page and
10 paragraph reference.

11 Q. Not an issue. Let's pull it out then.
12 It's Page 99, Paragraph 241.

13 A. I can find it now. I was just looking at
14 the wrong page. I'm still not seeing the same page
15 number and paragraph you're referring to.

16 Q. You know what, I might have the number
17 wrong. I apologize. Hold on one second. I'm
18 sorry. It is 186, Paragraph 249 -- 241. To be
19 clear, it's Page -- it's getting late in the day,
20 Page 186, Paragraph 241.

21 A. Yes.

22 Q. Okay. And just so the record is clear,
23 Paragraph 241 states that after correcting a
24 relatively small number of records, ARCOS data
25 produced by the DEA is complete and reliable.

1 Is that accurate?

2 A. Yes.

3 Q. You stand by that opinion, correct?

4 A. I do.

5 Q. And you, in fact, conclude that's true
6 with respect to Walmart, too, correct?

7 A. Yes.

8 Q. And specifically if we go to Page -- which
9 I'm going to look before I say it this time,
10 Page 60, Paragraph 112, you state that other than
11 some missing shipments from ARCOS in a few months
12 between December 2012 and August 2013, the two data
13 sets match perfectly.

14 And that's referring to the ARCOS data and
15 the Walmart data that was produced with respect to
16 Lake and Trumbull County, correct?

17 A. Yes.

18 Q. So April 16th, you're aware that there was
19 a small discrepancy, and you had Walmart's
20 transactional data, correct?

21 A. Correct.

22 Q. So when you said that you recently got
23 some new data that wasn't available in time for the
24 report, what are you referring to?

25 A. We got this Walmart data and other

1 defendant transaction data approximately a week,
2 some of it within just a few days, but a week
3 before the Friday the expert report was due. So we
4 were able to do this type of analysis, including
5 what you're seeing in Figure 11 on Page 60,
6 Figure 10 on the page before in those three or four
7 days or a week that we had the data.

8 What we didn't do was run any SOMS
9 analysis on the defendant transaction data outside
10 of the ARCOS time period with anybody but Walmart.
11 We tried to do something with the Walmart data
12 because we just mastered the Walmart data a little
13 bit more fully in that last few days than we did
14 the other defendant transaction data. The reason
15 we did that was we were trying to fill in this
16 three or four months or five months.

17 It was -- there was one other issue that
18 we discovered that had a little impact on a couple
19 of the other defendants, but a bigger impact on
20 Walmart, and that is the ARCOS data had three
21 pharmacies, I forget the other two defendants, but
22 one was for Walmart where they identified a
23 pharmacy with Mahoning County, but the defendant
24 transaction data identified a pharmacy with
25 Trumbull County. And then when we -- we

1 investigated those three pharmacies, we found they
2 were, in fact, in Trumbull County.

3 So that occurred between the April 16th
4 report and the May 4th supplement. So in those two
5 weeks, we looked again at defendant transaction
6 data, saw that there was a pharmacy there in your
7 defendant transaction data that was not identified
8 as a Trumbull or Lake County pharmacy in the ARCOS
9 data. So there were really two differences as you
10 go from 8C to the Walmart component supplemental
11 8A. It's more fully incorporating the defendant
12 transaction data in the SOMS and adding this
13 additional pharmacy that's in your defendant
14 transaction data that was not in ARCOS identified
15 as Trumbull.

16 Q. Okay. The reason I'm confused, and you
17 might not know this, but I can represent that we
18 produced our transactional data for our
19 distribution into Lake and Trumbull County back in
20 September of 2020.

21 So do you have any understanding of why
22 you were receiving that just a couple of weeks
23 before your report was due?

24 A. Not a couple of weeks, less than seven
25 days, maybe as little as three or four days for a

1 couple of the data sets. I don't know why.

2 Q. Who provided that to you?

3 A. Counsel.

4 Q. Did counsel explain to you at all why that
5 data was coming in to you at that time?

6 A. No.

7 Q. So just to make sure that I'm clear,
8 Appendix 8C was also provided on April 16th with
9 your original report, correct?

10 A. Correct.

11 Q. But your testimony now is that you're not
12 sure that 8C is accurate, or what is your position
13 with respect to 8C?

14 MR. MOUGEY: Objection.

15 THE WITNESS: It accurately does what it says
16 it does, but the supplemental 8A includes analysis
17 of Walmart that is more complete for the reasons
18 I've given you.

19 The primary difference between
20 supplemental 8A and 8C with respect to Walmart, I
21 think, is this additional pharmacy, plus the
22 bookends, if you will, the additional data that
23 Walmart provided outside of the ARCOS time period.
24 That's why I said I would replace 8C altogether
25 with the portion of Walmart that's in

1 supplemental 8A.

2 BY MS. FUMERTON:

3 Q. So I appreciate the explanation now, but
4 with all due respect, is there any way that I can
5 tell this from looking at your reports themselves
6 putting aside the thousands and tens of thousands
7 of appendices?

8 A. I don't know.

9 Q. Because I will tell you in the report,
10 body of the report, I couldn't find 8C referenced
11 anywhere. You do reference 8A, and you do
12 reference 8B, but there is no reference to 8C.

13 A. In which report?

14 Q. Your April 16th report. So, for example,
15 if you go to where you describe Appendix 8 in your
16 original report.

17 A. Can you help me find that, please?

18 Q. I will try. If you can go to Page 225,
19 you talk about Appendix A, eight flag transaction
20 reports, correct?

21 A. Yes.

22 Q. And Paragraph 275 talks about Appendix 8A,
23 and Paragraph 276 talks about Appendix 8B?

24 A. Yes.

25 Q. Then Paragraph 277 talks about how it's

1 2,623 pages?

2 A. Yes.

3 Q. Okay. And then if I understand your
4 testimony correctly, it's your May 4th report,
5 which is Exhibit -- well, before we move on, do you
6 agree there's no reference to Exhibit or
7 Appendix 8C in your original report, correct?

8 A. Well, at least not on that page. I
9 haven't looked at all of the pages. I don't know,
10 but if you're telling me it's not there, I would
11 accept that.

12 Q. Okay. So then if we turn to what was
13 marked as Exhibit 2 earlier, which is your May 4th
14 report, where in this report -- it's a shorter
15 report. So maybe you can help me find it -- do you
16 explain that we're supposed to replace Supplemental
17 8A -- I'm sorry, replace Appendix 8C with
18 Supplemental 8A?

19 A. Well, I don't see that there explicitly,
20 but in the description of Appendix -- Supplemental
21 Appendix 8A, which starts at the bottom of Page 6
22 and goes over onto the top of Page 7, that
23 description would seem to apply to 8C for Walmart.
24 I just have to line up Appendix 8C with this
25 description. And then if you looked at Appendix --

1 Supplemental Appendix 8A here, you would see a
2 difference between this discussion of Walmart, the
3 results of running these examples, SOMS methods
4 SOMS Walmart data in Supplemental 8A with the
5 previous results in 8C. I agree with you I could
6 have added a sentence or two that would have made
7 it easier for you.

8 Q. A heads up would have been helpful for us
9 in understanding that this was going on. So okay.
10 Now I think I understand.

11 So nobody should be relying on 8C; is that
12 correct? The analysis you want people to rely on
13 is the one that is in the -- with respect to
14 Walmart is in Supplemental 8A?

15 A. Yes. Thank you.

16 Q. Okay. And I'm still not quite getting
17 this part, though. What do you understand the
18 difference to be between Supplemental 8A and 8C?
19 And I'm not -- is it simply you had more time, so
20 you think you did a better job with it, or do you
21 actually use different data?

22 A. I think other than the addition of another
23 Walmart pharmacy in Trumbull County, the numbers
24 will be the same. For instance, if you look at the
25 numbers for Lake County in Supplemental 8A, I think

1 they match up with the numbers for Lake County in
2 the initial reports 8C. I think the difference in
3 the numbers is really in Trumbull County, and it's
4 explained by this additional pharmacy that isn't
5 reflected in the ARCOS data as being in Trumbull
6 County, but was reflected in the -- in the Walmart
7 data as being in Trumbull County and, in fact, is
8 in Trumbull County as we investigated.

9 Q. Okay. So I haven't had the opportunity to
10 do that comparison yet because I didn't understand
11 that this was sort of what you were intending to
12 do. So I reserve an opportunity to sort of do the
13 comparison and ask any additional questions on that
14 later, but I do want to move on from this topic
15 unless there's anything else you think that I
16 should know with respect to what changes you made
17 specific to Walmart with respect to 8A and 8C.

18 Let me be clear. There's an original 8A,
19 which makes it even more complicated. So it's the
20 supplemental 8A that was provided on May 4th and
21 the original 8C that was provided on April 16th.

22 A. Okay.

23 Q. Is there anything else, or it's the one
24 pharmacy and this data that somehow mysteriously
25 showed up only a couple days before your report?

1 A. Well, there are a couple of issues with
2 the formatting in 8C and some labels and stuff, and
3 I would just ignore 8C. What we were trying to do
4 in 8C for Walmart is done more fully and explained
5 more clearly in the Supplemental 8A and there,
6 there's also the same analysis done for the other
7 defendants. 8C had just had Walmart in it. I
8 think we should just disregard 8C and replace it
9 with that Supplemental 8A. In fact, had we just
10 described it as Replacement 8C. It might have made
11 things simpler.

12 Q. Okay. Switching subjects on you, you have
13 an envelope that has two small documents in it.
14 I'll represent we're also going to maybe show you
15 an Excel spreadsheet just live because there's no
16 way to really print it out, but do you have those
17 envelopes in front of you?

18 A. Yes.

19 Q. So if you can pull out what has been
20 marked as Tab 2.

21 MS. FUMERTON: And what exhibit number are we
22 on now?

23 THE CONCIERGE: 21.

24 MS. FUMERTON: Okay. We'll mark this as
25 Exhibit 21.

1 (Whereupon, McCANN Deposition
2 Exhibit No. 21 was marked for
3 identification.)

4 BY MS. FUMERTON:

5 Q. And I'll represent for the record, it's
6 excerpts from Appendix 10 of your report. We just
7 pulled out some specific pages.

8 So if you turn to the first page of -- I'm
9 not going to have you turn to the first page. I'm
10 going to have you turn to the page that's labeled
11 1425. It's your original page numbering of
12 Exhibit 10, which has been marked as Exhibit 21.
13 Are you there?

14 A. I like the first page. I hope you'll
15 bring me back there. What page are you taking me
16 to, please, again? 1425?

17 Q. 1425.

18 A. I'm there. Yes. Thank you.

19 Q. Okay. So on Pages 1425, and it spills
20 over to 1427, you provide an analysis by MME of the
21 total opioid distribution into Lake and Trumbull
22 Counties by company, correct?

23 A. Yes.

24 Q. And for Walmart, you conclude that
25 Walmart's market share of the total opioids

1 distributed into Lake and Trumbull County by MME is
2 3.48 percent, correct?

3 A. Yes.

4 Q. And if we go forward a few more pages in
5 what's been marked as Exhibit 21, your Appendix 10
6 excerpt, to Page 1456.

7 A. Yes.

8 Q. And on Page 1456 through 57, you provide
9 an analysis by MME of the total opioid distribution
10 into Lake County by company, correct?

11 A. Yes.

12 Q. And for Walmart, you conclude that
13 Walmart's market share of the total opioids
14 distributed into Lake County by MME is
15 5.99 percent, correct?

16 A. Correct.

17 Q. And if we keep going to Pages 1483 of this
18 excerpt --

19 A. Yes.

20 Q. On Pages 1483 to 84 of this excerpt of
21 Appendix 10, you provide an analysis by MME of the
22 total opioids distribution into Trumbull County by
23 company, correct?

24 A. Right.

25 Q. And for Walmart, you conclude that

1 Walmart's market share of the total opioids
2 distributed into Trumbull County by MME is
3 1.93 percent, correct?

4 A. Correct. I'm sorry. Before we leave this
5 one, this is the ARCOS data, and this is Trumbull
6 County. So this doesn't include a Walmart pharmacy
7 that's in Trumbull County. So that number would
8 change very slightly if we include that pharmacy
9 that ARCOS describes as being in Mahoning County, I
10 think, but it will still be a small number like
11 1.93 percent. It will just be a little bit bigger.

12 Q. All right. I was going to circle back to
13 this in a minute, but you're there now. So let's
14 talk about this additional pharmacy that you found.

15 So is that something then that's missing
16 from all of your reports other than Supplemental
17 Appendix 8A?

18 A. It's not so much missing. We report these
19 statistics based on what's in the ARCOS data, and
20 that would include the pharmacies that are
21 identified in the ARCOS data in Trumbull County.
22 So I'm not saying I want to change this exhibit to
23 reflect that additional pharmacy, but I mentioned
24 that pharmacy a couple of times. So I'm just
25 pointing out where it might have an impact if you

1 were to include it. We only include it for
2 purposes of the SOMS analysis that gets reported in
3 the Supplemental 8A.

4 Q. Okay. So you're a numbers guy, right?

5 A. Yes.

6 Q. I'm not trying to be cute, but you are
7 here to sort of crunch the numbers. You've
8 referred to yourself as sort of a human calculator,
9 I think, before, correct?

10 A. Yes.

11 Q. So what I'm trying to understand is for my
12 client, what numbers to rely on or what numbers
13 you're intending to give opinions on. So can we
14 then understand and rely that the opinions that
15 you're going to be offering at trial are going to
16 relate to the three reports that you submitted in
17 Track 3 understanding that Supplemental Appendix 8A
18 replaces Supplemental -- I'm sorry, replaces
19 Original Appendix 8C, and then we can otherwise say
20 this is what Dr. McCann is going to testify about
21 with respect to Walmart coming into trial?

22 A. Yes, I would think so other than the
23 development of some demonstratives or some summary
24 exhibits of the underlying data that would come in
25 as evidence. I'm not withholding anything from

1 you. I've given you all of the analysis that we've
2 done in these three reports, and I've explained the
3 difference between the first report and the
4 supplemental report and this issue about the
5 pharmacy that is in Trumbull County that isn't
6 identified as such in ARCOS. I'm likely to give
7 some, you know, explanation of that if I'm asked at
8 trial.

9 Q. So -- but as far as your opinions and
10 however you decide to treat this one particular
11 pharmacy, as your reports currently stand, with the
12 exception of replacing 8C with Supplemental 8A,
13 that's how you plan to describe your treatment of
14 the Walmart pharmacies in Lake and Trumbull County,
15 correct?

16 A. Yes, subject to the explanation I gave you
17 a minute ago. There might be demonstratives that
18 are some distillation, some simplification of these
19 exhibits or tables and maybe some what I understand
20 to be referred to as 1006 exhibits that might be
21 summaries of the data that would be entered as
22 evidence.

23 Q. Well, actually, let me go to my next set
24 of questions, and it might clear this up a little
25 bit more.

1 So let's go back to the first page of
2 what's been marked as Exhibit 21. I think you said
3 you like that page. Why do you like that page?

4 A. Well, I was asked extensively in the prior
5 questioning about whether I had done market shares
6 of any non-defendant pharmacies or of the
7 non-defendant pharmacies in the aggregate, and I
8 tried to explain, although, I think we were talking
9 past each other. This exact page, you can see here
10 I list each of the pharmacies in Lake and Trumbull
11 County and the dosage units, weight, and MME of any
12 of the 12 opioids shipped to those pharmacies. And
13 as you go down through here, you can see which ones
14 are part of the defendant chains and which ones are
15 not.

16 And so if you wanted market shares, it
17 would be a fairly simple calculation to take this
18 in Excel format and do the calculations. This is
19 what I was referring to.

20 Q. And to be fair, this page doesn't actually
21 show the market share. You would have to do some
22 additional calculations, correct?

23 A. Well, to be fair, you would have to add up
24 all of the numbers in one of these columns. You
25 would do it in an Excel spreadsheet in 10 seconds,

1 and then you would have to divide each of the cells
2 above that by that sum to get a percent share. So
3 you're right it's not done on here, but we're
4 25 seconds away from it being done here. It's
5 trivial.

6 Q. Okay. All right. So let's back up a
7 little bit.

8 So Appendix -- Pages 89 -- I'm sorry. 891
9 through 94, it spans four pages. You have provided
10 an analysis of the total opioid shipments to Lake
11 and Trumbull County retail and chain pharmacies,
12 correct?

13 A. As reflected in ARCOS, yes.

14 Q. As reflected in ARCOS. And this analysis
15 identifies for each retailer chain pharmacy in Lake
16 and Trumbull County the total dosage unit, weight
17 in milligrams, and MME of certain opioids purchased
18 by that individual pharmacy for the 2006-2014 time
19 period as reflected by ARCOS, correct?

20 A. Correct.

21 Q. And these pharmacies are sorted in
22 descending order of total MME purchased by each
23 pharmacy, correct?

24 A. Correct.

25 Q. So the top pharmacy on this list is an

1 independent pharmacy, correct?

2 A. Yes, it appears to be.

3 Q. And it's a pharmacy called Franklin
4 Pharmacy and Healthcare?

5 A. Yes.

6 Q. And according to your analysis, Franklin
7 Pharmacy and Healthcare purchased 241,341,833 MMEs
8 of opioids, correct?

9 A. Correct.

10 Q. Now, if we look down this list, the first
11 Walmart store is about a little over two-thirds of
12 the way down. It's next to the Page No. 128, and
13 it's Store No. 1863, correct?

14 A. Yes.

15 Q. And this would be the top Walmart pharmacy
16 in Lake and Trumbull Counties by total MME,
17 correct?

18 A. Correct, unless that other one is higher,
19 but certainly it's the highest that's listed in
20 Walmart in Lake or Trumbull County. I'm sorry.
21 Listed in ARCOS for Lake or Trumbull County.

22 Q. So that's where I'm at a little bit of a
23 disadvantage, and that's what I was trying to get
24 at earlier because I'm now completely confused as
25 to what you think what pharmacy is missing. So you

1 think -- and I took a walk through all the Walmart
2 pharmacies on this list.

3 So you tell me if you think the Walmart
4 pharmacy you're thinking about is not on this list.
5 Is that fair?

6 A. Sure.

7 Q. So this is -- next to what was numbered
8 Page 128, we have Walmart Pharmacy 1863, right?

9 A. Yes.

10 Q. And if you count them, and take your time
11 if you want to do it, there are 29 other pharmacies
12 in Lake and Trumbull Counties that purchased more
13 opioids by MMEs than that one Walmart store,
14 correct?

15 A. Yes.

16 Q. And according to this analysis, Walmart
17 Store 1863 purchased 36,084,271 MME of opioids,
18 correct?

19 A. Correct.

20 Q. And doing simple math, getting to your
21 point earlier, if you compare that to Franklin
22 Pharmacy and Healthcare, Franklin Pharmacy and
23 Healthcare purchased more than six and a half times
24 the number of opioids weighted by MME than Walmart
25 Store 1863, correct?

1 A. Yes.

2 Q. And the other Walmart pharmacies in Lake
3 and Trumbull County purchased even fewer dose units
4 in MME of opioids, correct?

5 A. Yes.

6 Q. So let's keep going down this list. So I
7 want to keep on this pharmacy issue to make sure
8 it's clear.

9 The next Walmart pharmacy that I see is on
10 the following page by Line 187. Do you see that?
11 That's Pharmacy 3608?

12 A. Yes.

13 Q. And if we keep going down, you'll see
14 there's a Sam's Pharmacy, and that's because
15 Walmart, when it was a self-distributor for a
16 period of time, distributed to both Walmart and
17 Sam's pharmacies, correct?

18 A. Yes.

19 Q. And so the Sam's Pharmacy, if you go down
20 the list, there's one at 255, and that's
21 Store 6327, correct?

22 A. Yes.

23 Q. And then keep going down. At Line 291, we
24 have Walmart Pharmacy 2197, correct?

25 A. Correct.

1 Q. And then a couple down more, we have
2 Walmart Pharmacy 10 -- I'm sorry. Walmart
3 Pharmacy 1857?

4 A. Yes.

5 Q. And we flip a page. We have another Sam's
6 Pharmacy, 4846?

7 A. Yes.

8 Q. Do you see that?

9 And then below that, we have Walmart
10 Pharmacy 3860?

11 A. Yes.

12 Q. And below that, we have Walmart
13 Pharmacy 2197, right?

14 A. Right. Yes.

15 Q. So you can keep looking on the next page
16 if you want, but that's all of the Walmart
17 pharmacies and Sam's I see on your list. And if we
18 total them, they're not that many. We have six
19 Walmart pharmacies listed here and two Sam's,
20 correct?

21 A. Yes.

22 Q. Now, I will note one other thing, though.
23 If you look at Line 291, you see that refers to
24 Walmart Pharmacy 2197?

25 A. Yes.

1 Q. And if you look at Line 382 of the next
2 page, you also see Walmart Pharmacy 2197. It
3 appears that this Walmart pharmacy is being counted
4 twice, correct, or it seems to be counted twice.
5 It's being listed twice.

6 A. But they're different DEA numbers. So
7 it's a different set of transactions. The
8 transactions are not being counted twice, but for
9 some reason during some time period, that store had
10 a different DEA number, or Walmart changed the
11 store number on a physical location. I don't know
12 which it is.

13 Q. Sure. And look, I'll represent to you
14 that the store number didn't change. It's still --
15 in both instances, it's Store 2197, and you reflect
16 that on your chart; but if you look at the
17 addresses, the addresses change. So not surprising
18 that it got a new DEA number, right?

19 A. Right.

20 Q. And we can look at some other data later,
21 but I'll show you, too, so there's no overlapping.
22 You actually have charts that show this that there
23 was data for one period of time for the one
24 pharmacy and after that, another time. So you're
25 not double counting the number of opioids. There

1 might be some double counting we'll get to in a few
2 minutes, but not at least with respect to this page
3 you're not double counting anything, right?

4 A. Okay.

5 Q. So having looked at this now and gone
6 through all the Walmart pharmacies that are listed
7 here and the two Sam's, can you tell me whether
8 this pharmacy you're thinking of that caused you
9 trouble before is included or not included on this
10 list?

11 A. I believe it's not included.

12 Q. So can you tell me what -- anything more
13 about what you think is not included, or how would
14 I know what pharmacy? How can we figure out,
15 looking at all the materials you provided, what
16 pharmacy you think is missing off of this list?

17 A. Well, if we look at Supplemental 8A, the
18 data that underlies that supplemental appendix that
19 was provided to you will include an additional
20 Walmart location that is not on this list, but I
21 could make it easier, I think, by letting counsel
22 know precisely what that Walmart location is, and
23 they can share it with you. There does appear to
24 be another Walmart location.

25 In fact, an easier way for you to tell

1 that is to look at your own data produced in this
2 case for Trumbull County pharmacies, and I think
3 you'll find another Walmart pharmacy in your data
4 produced for Trumbull County that is not on this
5 list that was not in the ARCOS data as a Trumbull
6 County pharmacy, but was instead in the ARCOS data
7 as a Mahoning County pharmacy.

8 Q. But you're not intending to amend this
9 report -- this particular appendix of your report,
10 correct?

11 A. Correct. This report accurately reflects
12 what's in the ARCOS data. It's just that the ARCOS
13 data identifies one of your pharmacies in the wrong
14 county according to you, and I think that's
15 correct.

16 Q. Well, I haven't made a representation just
17 to be clear, but that's your -- your opinion is
18 that there is one additional store that was
19 appropriately included in Supplemental 8A, correct,
20 that was missing from 8C?

21 A. Well, we didn't independently go out and
22 discover this. It's that there was -- in addition
23 to these pharmacies, you provided data for another
24 pharmacy, and when we looked at the pharmacy, we
25 see it's in Trumbull County.

1 So I think you correctly provided it to
2 us. That's the source of our inclusion of that
3 pharmacy in Supplemental 8A. It's really your data
4 that prompted it.

5 Q. Well, respectfully, we produced that data,
6 and I don't even know what data you're referring to
7 because some of it was produced even earlier,
8 almost a year ago. So this is why it's a little
9 bit confusing to try to understand what you're
10 saying in your report. I think you made the record
11 clear before that the only thing that you did
12 change is Supplemental 8A, and the rest of your
13 report you're standing by.

14 So we don't have to do it now, but I did
15 actually do the math that you were just describing.
16 I'm not good at Excel. So I'll confess I didn't do
17 it using Excel. I did it the old-school way, but
18 basically adding up all the MME shipments and then
19 all the Walmart shipments, you can calculate the
20 market share, correct, based on this chart?

21 A. Yes.

22 Q. I calculated it being 3.15 percent for
23 Walmart pharmacies in Lake and Trumbull Counties.

24 Do you have any reason to disagree with
25 that number?

1 A. No. That's consistent with one of the
2 other pages we just looked at. For one of the
3 counties, it was a little bit higher, one of the
4 counties, a little bit lower than that number.

5 Q. Okay. I'm going to switch gears on you
6 again, although, keep this Exhibit 21 out because I
7 think it might be helpful to understand my line of
8 questioning.

9 So I want to talk about your Method 3, the
10 twice trailing 12-month average for pharmacy doses
11 units. So it's described on Page 75 on your report
12 if you want to open it. I bet you know it by heart
13 at this point, too.

14 So for this approach, you flagged
15 transactions that cause the number of dosage units
16 shipped by distributor defendant to a pharmacy in
17 the calendar -- let me start over.

18 For this approach, and that's Method 3,
19 you flagged transactions that caused the number of
20 dosage units shipped by distributor defendants to a
21 pharmacy in a calendar month to exceed twice the
22 trailing 12-month average dosage units to retail
23 and chain pharmacies served by the distributor
24 defendants, correct?

25 A. Yes.

1 Q. So as applied to Walmart, you looked at
2 whether a shipment of opioids by Walmart to a
3 Walmart or Sam's Club pharmacy in Lake or Trumbull
4 County caused the number of dosage units shipped to
5 that pharmacy by Walmart to exceed twice the
6 per-store per-month average for that drug for all
7 Walmart and Sam's Clubs Pharmacies in Lake and
8 Trumbull Counties for the preceding 12 months,
9 correct?

10 A. Yes.

11 Q. And so to calculate the per-store
12 per-month average that was used to derive this
13 threshold, you took the total amount shipped by
14 Walmart to the Walmart and Sam's Club Pharmacies
15 for the preceding 12-month period and divided that
16 by 12 to get a monthly average and divided the
17 result by the total number of Walmart and Sam's
18 Club Pharmacies in Lake and Trumbull County,
19 correct?

20 A. No.

21 Q. Okay. So explain what I got wrong.

22 A. Well, for the ARCOS time period anyway, it
23 would be a national average that we're calculating.
24 And so it would be taking Walmart's shipments to
25 all of the Walmart and Sam's Club pharmacies that

1 it shipped to each month over the prior 12 months
2 and -- so in my example earlier, if you had
3 12 months and 100 pharmacies, you would have
4 possibly 1,200 values that you would be adding up,
5 but some of those would be blank because there
6 might be a pharmacy that Walmart didn't ship any,
7 I'll make it up, but morphine to or any hydrocodone
8 to in a particular month. So for that drug and
9 that pharmacy month, there would be a blank.

10 So rather than 1,200 observations, there
11 might be -- positive values. Instead of there
12 being 1,200, there might be 1,150. It's a little
13 bit less than 12 months times 100 pharmacies, but
14 whatever the total number of positive amounts are,
15 add up all of the shipments, divide by that number
16 1,150 in my example. That gives you the monthly
17 average the pharmacies that Walmart shipped to over
18 the prior year. And then each particular month,
19 you're comparing shipments to a pharmacy in Lake or
20 Trumbull County, not an average to Lake and
21 Trumbull County, but to each pharmacy, you're
22 comparing that pharmacy's shipments that month to
23 the 12-month average calculated the way I just
24 described it for the prior 12 months across the
25 nation.

1 Q. Let me make sure that I'm correct about
2 this.

3 So what you're saying is that the average
4 that was calculated and used as the threshold for
5 Method 3 is the national average, not the average
6 to Lake and Trumbull County?

7 A. Certainly for the ARCOS time period.

8 Q. Okay. And then you do Method 3 for -- on
9 the distributor data in Supplemental 8A, right?

10 A. Right. And there, we're still using the
11 national average where we've got 12 months of ARCOS
12 data, but we're using the average of the defendant
13 transaction data where we have less than 12 months
14 of trailing 12 months of national data.

15 Q. And so for the national data, when you
16 were calculating the averages, did you exclude
17 those instances in which -- like what did you use
18 for -- is it the -- the numerator, right? So did
19 you -- the total number of pharmacies -- sorry.
20 The total number of shipments divided by the total
21 number of pharmacies, right, for the average is the
22 denominator?

23 A. Close. It's the total amount of shipments
24 divided by the number of pharmacy month
25 combinations where Walmart ships some positive

1 quantity to a pharmacy.

2 Q. So anytime there was a zero in the data,
3 you excluded it?

4 A. It's not so much excluded it, but it just
5 doesn't count into the average of shipments to
6 pharmacies that Walmart shipped to.

7 Q. You used way too big of numbers for me
8 last time. So I'm going to dumb it down slightly
9 and see if I can understand.

10 Let's say we have 10 pharmacies total,
11 okay?

12 A. Yes.

13 Q. And for shipments of -- let's use
14 hydrocodone. Only five of those pharmacies
15 received shipments of hydrocodone, and let's say it
16 was 100 units of hydrocodone.

17 Are you going to take the 100 units and
18 divide it by 10 to get the average, or are you
19 taking the 100 units and dividing by 5 to get the
20 average?

21 A. Dividing it by 5.

22 Q. Okay. And so I incorrectly use the word
23 excluded. Is that what the issue is? So anytime
24 if you have a shipment, if you have data and there
25 was a zero showing up in that, you would then take

1 that pharmacy out of the calculation in the
2 denominator?

3 A. No. If there were other months that that
4 pharmacy got shipments, the quantities in those
5 other months are included. We're not taking that
6 pharmacy out.

7 Q. Okay. I'm following now. So let's say
8 you have the first pharmacy of the 10. For the
9 first three years, it received zero shipments, and
10 for the next seven years, it received five bottles
11 a month.

12 You would include those zero years as well
13 as the five bottles a month because it was
14 receiving shipments; is that correct?

15 A. No. In your example, let's say that that
16 is one of 10 pharmacies, and the other nine
17 pharmacies receives some shipment every single
18 month. So all 12 months those nine pharmacies
19 receive something. That would be -- 9 times 12 is
20 108, but this pharmacy that you're describing now
21 didn't get any shipments for the first three
22 months, did get shipments for the last seven
23 months.

24 So I would take the 98 months -- I'm
25 sorry. 108 months for the nine pharmacies that got

1 something every single month, and I would add to
2 that the seven observations where this 10th
3 pharmacy got shipments to get a total of 115, and I
4 would divide the total shipments to these
5 pharmacies in the prior year by 115 -- I'm sorry,
6 by 107 -- 117, not by 120.

7 Q. Is the mistake I'm making -- oh, I'm
8 sorry. I thought you were finished. Go ahead.

9 A. The denominator is the number of months
10 with positive shipments. So that would be three
11 less than 120 in your example. The reason for that
12 is, if I may explain, that you have -- for
13 distributors generally, you have pharmacies
14 dropping out or pharmacies coming into commerce
15 with a distributor. And if you don't do it the way
16 I've described it, you calculate too low an
17 average.

18 In fact, what I'm doing is increasing the
19 calculated average, therefore, making this
20 threshold a little bit higher and harder to hit.
21 So the difference between what you're suggesting
22 and what I'm suggesting is I'm going to flag fewer
23 shipments with the way I calculate the average than
24 I would if I included the zeros.

25 Q. I think I understand now and I think your

1 last explanation because it would be incorrect to
2 just use the total number of pharmacies because if
3 the pharmacy hadn't opened, for example, until
4 later in that year, it would be unfair to include
5 zero in those shipments because it would be
6 artificially low as a threshold, correct?

7 A. I don't know about unfair, but the problem
8 would be -- an example of the problem would be a
9 pharmacy that was only operating -- only doing
10 business with you for the first six months or the
11 last six months. If you included all 12 months for
12 that pharmacy, you end up with a lower average, and
13 it's not reflecting the average shipments to
14 pharmacies that you're dealing with on a monthly
15 basis.

16 Q. So is that true, the explanation you just
17 gave, the same for like Method 4, for example?
18 Whenever you're calculating an average, you're
19 calculating the national average in the way that
20 you just described?

21 A. Yes.

22 Q. All right. I want to go to fill time
23 again for a minute.

24 I think you testified clearly earlier if
25 the fill time hour and minute was missing, you just

1 put in 12:00 noon, correct?

2 A. Correct.

3 Q. And I think you said, though, that doing
4 that could go either way as far as how it affects
5 the number, and that's what I don't understand
6 because if you -- you also testified that all of
7 our time-sensitive flags are based on fill time.
8 And so if you have 12:00 for all of your fill times
9 and for a flag like Flag 13, you're flagging
10 something within an hour of each other, you will
11 always meet that criteria, correct?

12 A. If there are enough transactions. Like in
13 that example, it was three or more patients filling
14 effectively exactly the same prescription written
15 by the same doctor. That's correct.

16 Q. Effectively reading out of -- by inserting
17 the 12:00 noon for all entries, you're essentially
18 reading out of Flag 13 that one-hour requirement,
19 correct?

20 A. Well, not quite, but I do like how you
21 said that. It's close. It would be -- it would be
22 close if you just didn't ever report fill times in
23 the data that you produced or if there were blocks
24 of years or months or days where you didn't include
25 fill time, but if there were transactions in the

1 same year or months or days where you do include
2 fill time on the same days you don't include fill
3 time in other transactions, it's not exactly
4 reading out the fill time requirement.

5 Q. It's not reading out the fill time
6 requirement when you have something other than your
7 artificially inserted 12:00 noon, but whenever you
8 artificially insert 12:00 noon, it is reading out
9 that hour requirement from Flag 13, correct?

10 A. Well, I don't know about artificially, but
11 if you -- if you don't include that fill time that
12 is missing from the data, then for at least a
13 couple of the defendants, you can't run some of
14 these flagging methods on roughly half of the data
15 that was produced. That's what I meant by saying
16 it could go either way. I think what you're
17 pointing out is that it is going to flag more
18 prescriptions or combinations of prescriptions than
19 if the data provided had been complete and we used
20 fill time, but if we --

21 Q. In your expert opinion -- again, I'm so
22 sorry.

23 A. I apologize I'm so long-winded. I'll just
24 finish it quickly if I can. If you don't include
25 the fill time and just disregard half of

1 transactions, then you're clearly undercounting the
2 flags -- the prescriptions that should be flagged
3 by examples like Flag 13. So it goes both ways.

4 Q. Now, the both ways thing, say that again.
5 I'm not seeing that because I only see it as
6 increasing the number of flagged prescriptions.

7 When is including a noon time stamp for
8 all those prescriptions ever going to decrease the
9 number of flagged prescriptions?

10 A. I'm sorry. I may not be using it could go
11 either way in the same way that you are. Maybe I'm
12 using it incorrectly. What I'm saying is if the
13 alternative is to just disregard those transactions
14 for some of the -- for two of the defendants at
15 least, just disregarding half of the data that you
16 provided, so if I just forget about that data, then
17 because there isn't a fill time associated with it
18 and I find that in the rest of the data where they
19 do provide fill time, I'm flagging 5 percent of the
20 transactions, that tells me that I'm losing a bunch
21 of prescriptions that should have been flagged by
22 throwing away the data where there was no fill time
23 provided.

24 Q. But those transactions are now being
25 flagged -- aren't being flagged pursuant to Red

1 Flag 13. They're being flagged pursuant to a
2 variant of Red Flag 13 that reads out the hour
3 requirement, correct?

4 A. I've explained it the best I can.

5 Q. Well, let me ask you a different question
6 then.

7 In your expert opinion, when the data is
8 missing so you can't run an analysis, is it okay to
9 just make up the data?

10 A. I'm not just making up the data.

11 Q. Who suggested that it should all be noon?

12 A. I don't recall. I gave you other examples
13 where we filled in data like an NPI number or a DEA
14 number based on other data that was available.

15 Q. Absolutely. So you figured out what an
16 NPI or DEA number was that tied to a particular
17 prescriber, but in this instance when you were just
18 missing a time, you just tried to find out some
19 other -- use some other way to figure out that
20 information. You just put in noon for every single
21 time.

22 So, for example, for the NPI, would it
23 have been okay to just put the same NPI number in
24 if the NPI number was missing for all prescribers
25 that were missing an NPI?

1 MR. MOUGEY: Was there a question in there?

2 Objection.

3 MS. FUMERTON: Absolutely there was a question
4 there.

5 MR. MOUGEY: It felt like more of a --

6 MS. FUMERTON: He's trying to use the NPI
7 number as an example. So I'm asking him would it
8 have been okay if the NPI number was missing just
9 for all prescribers that do not have an NPI to
10 identify them with the same NPI number.

11 MR. MOUGEY: Objection.

12 THE WITNESS: Well, not in that case because
13 you've provided other information in the data that
14 you did provide that allowed us to refine our
15 estimate of what the right NPI number is. You
16 didn't do that with the fill time.

17 BY MS. FUMERTON:

18 Q. So you just made up a number?

19 A. It's not made up a number.

20 Q. Fine. Who made up noon?

21 MR. MOUGEY: Objection.

22 THE WITNESS: I don't recall how we came to
23 decide that noon was the number we would use.

24 BY MS. FUMERTON:

25 Q. But --

1 MR. MOUGEY: Tara, it's pretty easy if you --

2 BY MS. FUMERTON:

3 Q. -- you could have used 1:00, right, or you
4 could have used 2:00, or you could have used random
5 numbers, right? Why do you choose to use the same
6 number for all of them?

7 MR. MOUGEY: Objection. Or he could have used
8 the right time if you would have produced it. I
9 don't understand this line of questioning. We
10 don't have a crystal ball. You all produce the
11 data. We use it.

12 MS. FUMERTON: Actually, we do have a crystal
13 ball. Actually, we do have a crystal ball, and the
14 Court ordered certain fields be produced, and one
15 of them was not fill date, time, and hour. And so
16 we can get to the point of what they used for
17 Walmart on that when they did have the data, but
18 again, plaintiffs knew what analyses they wanted to
19 run. They could have asked for data instead of
20 just making the data up and then running the
21 analyses.

22 BY MS. FUMERTON:

23 Q. So I will ask my question again then,
24 Mr. McCann.

25 Did you come up with the idea to just

1 insert noon for all of the times of fill when that
2 was not available?

3 MR. MOUGEY: Objection.

4 THE WITNESS: As I said a few minutes ago, I
5 don't recall the back-and-forth discussion with my
6 staff when we decided that rather than discard that
7 data for purposes of running these red flags, we
8 would put in a fill time of 12:00 noon.

9 BY MS. FUMERTON:

10 Q. The plaintiffs instructed you to do that?

11 MR. MOUGEY: Objection.

12 THE WITNESS: I just answered it three times or
13 four times. I don't recall the discussion, and
14 that would include I don't recall a discussion with
15 the plaintiffs' counsel about this.

16 BY MS. FUMERTON:

17 Q. Are you aware that Walmart did not produce
18 a fill time hour and minute for any of its records?

19 A. No.

20 Q. Are you aware that Walmart produced a
21 drop-off time hour and minute?

22 A. No, I don't recall.

23 Q. Would it be appropriate to use Walmart's
24 drop-off time hour and minute as the fill time hour
25 and minute?

1 A. If that was the only time we were given,
2 yes.

3 Q. So no matter what time you were given,
4 that's what you were going to use? It didn't have
5 to have any real nexus to the fill time?

6 A. No, that's, obviously, not correct.

7 Q. So you viewed the drop-off time hour and
8 minute was the same as fill time hour and minute;
9 is that right?

10 A. No, but what I'm saying is if you
11 systematically provide a drop-off time rather than
12 fill time for all of your dispensing data, we would
13 use that rather than fill time. We would use the
14 time you gave us.

15 Q. And then when we didn't give you time, you
16 made it up, correct?

17 MR. MOUGEY: Objection. Geez.

18 MS. FUMERTON: What's the objection?

19 THE WITNESS: Asked and answered.

20 MR. MOUGEY: Asked and answered. Made it up.
21 Argumentative. I mean, are you serious, Tara?

22 MS. FUMERTON: Are you really going to say that
23 cross-examination questions are argumentative?
24 Okay. That's fine.

25

1 BY MS. FUMERTON:

2 Q. So going back to Red Flag 13 --

3 MR. MOUGEY: Tara, you've used the word made it
4 up about 13 times. We've objected each time. It's
5 sarcastic. It's not necessary. And quite frankly,
6 there's no audience or jury here that you're
7 playing this in front of. So I would ask you, just
8 like Mr. Korbin, to just tone it down and knock it
9 off.

10 MS. FUMERTON: Again, I disagree.

11 BY MS. FUMERTON:

12 Q. If you want to say not made it up, what's
13 your -- you picked the number; is that fair? Made
14 up the wrong number. You picked the number,
15 correct?

16 A. Correct.

17 Q. So can you explain to me what the
18 difference between your Tab 13 and Tab 26 is, if
19 anything?

20 A. Yes.

21 Q. Well, I can read it for us. Red Flag 13
22 is on Page 152. It says an opioid was dispensed to
23 at least three different patients within an hour,
24 and the opioid prescriptions were for the same base
25 drug, strength, and dosage form and were written by

1 the same prescriber.

2 Did I get that right?

3 A. Yes.

4 Q. And if we go to Page 154, Flag 26 is an
5 opioid dispensed to at least three different
6 patients within an hour and the opioid
7 prescriptions were for the same base drug,
8 strength, and dosage form and were written by the
9 same prescriber, correct?

10 A. Yes.

11 Q. So what's the difference between the two?

12 A. It's a little bit complicated, but if you
13 look at Page 150, so a couple of pages earlier,
14 it's Paragraph 212. I see a spelling error there
15 proving the truism I said a few minutes ago that
16 we're all humanly imperfect; but if you read that,
17 you'll see what I'm trying to convey there is, and
18 it will be clearer for anybody who is reviewing the
19 code, that in the first 16 flags, what we've
20 sometimes referred to as the Catizone flags, all of
21 the prescriptions in the group of prescriptions
22 that trigger a flag are included as flagged
23 prescriptions. In the subsequent 27, the
24 prescription that first causes the flag to be
25 triggered and any prescription that would fit into

1 the same flag in the following 30 minutes is
2 included.

3 To give you an example, if you had a --
4 and maybe it's the one that you're looking at. If
5 there is some three-prescription scenario that
6 would trip a flag and the three of them are in an
7 hour under the Catizone version of that flag, the
8 three prescriptions go into the bucket of flagged
9 prescriptions. In the later version of a similar
10 flag, only the third prescription if they were at
11 different times in the hour get flagged. If there
12 is a fourth prescription within 30 minutes of that
13 third one that would also fit into that flag, then
14 it's included, but it's -- essentially that's the
15 difference between 13 and 26.

16 Q. You just saved me a bunch of foundational
17 questions. Okay. I think I understand, but let me
18 just go through this to make sure.

19 So for both Flag 13 and Flag 26, there's
20 this within-an-hour criteria that for those
21 prescriptions that you picked a time of noon to
22 include effectively reads it out for those
23 prescriptions. I get it for the other
24 prescriptions where you had data that you could
25 actually analyze that one-hour limitation could

1 affect what was happening with the flagging, but
2 for all of the other ones, for both 13 and 26, the
3 insertion of noon for all those prescriptions reads
4 out the hour limitation, correct?

5 A. It doesn't really, or at least it doesn't
6 fully because you could have two prescriptions that
7 have missing fill times that had 12:00 noon filled
8 in and a third prescription where there is a fill
9 time and it's 11:45. So there is some impact of
10 the fill time that you provided in the data. So it
11 doesn't fully read it out, but there's some
12 weakening of this time requirement as a result of
13 the data missing. That's correct.

14 Q. So the weakening only occurs where for
15 that same day, you did have some time data that was
16 produced by the defendants and some that wasn't.
17 Otherwise, if, for that entire day, there was no
18 time information produced for that particular
19 defendant, it completely reads it out, correct?

20 A. Other than the three prescriptions for the
21 same drug written by the same prescriber had to be
22 that day.

23 Q. Right, but it reads out the hour
24 requirement, correct?

25 A. Correct.

1 Q. I'm skipping it in the interest of time.
2 I can show you an Excel that shows similar, I
3 think, to a prior defendant that that whole
4 information is missing from 2006 to 2013 across the
5 board for Walmart prescriptions. So I don't know
6 if there are instances you're talking about, but
7 generally speaking, defendants either had the
8 information or they didn't. It's not as if some
9 prescriptions on a day would typically have it and
10 some wouldn't, correct, or you don't know?

11 A. Well, I don't know. For some defendants
12 that produced the fill time for the entire time
13 period, there are some missing fill times in some
14 of the data sort of interspersed with transactions
15 where there is fill time. So I don't know whether
16 it's true that in the later period when you're
17 saying Walmart started providing the fill time,
18 that the fill time is there in every transaction.
19 I don't know if that's the case.

20 Q. But prior to that point in time when there
21 was no fill time that was available that was
22 produced, so from 2006 through March of 2013 for
23 Walmart, the hour time would have been read out of
24 Flag 13 and Flag 26, correct?

25 A. Well, subject to the more complete

1 explanation I have given you and discussed already,
2 yes.

3 Q. So the other thing that I wanted to
4 clarify -- so we talked about that Flag 13 and 26
5 is this limitation. So in addition to Flag 13 and
6 26, there were also several flags in which you had
7 this 30-minute limitator -- limitator is probably
8 not even a word. A 30-minute limitation that would
9 exclude certain prescriptions, correct?

10 A. I'm missing the question. Would you like
11 to point me to an example?

12 Q. Yeah. Well, I'm actually just talking
13 about what we just read. You were asked to
14 identify sets of prescriptions that meet certain
15 criteria and to flag prescriptions dispensed within
16 30 minutes of the first dispensed prescription,
17 which caused the set of prescriptions that meet
18 each criteria.

19 A. Yes.

20 Q. And that's applicable to Methods 17
21 through 36 and Methods 38 through 43, correct?

22 A. Yes.

23 Q. So for all of those methods when you have
24 inserted noon as the time period for all of the
25 particular prescriptions on a given day, all of

1 these prescriptions as the other criteria were met
2 would have been flagged, correct?

3 A. I think you're way overstating the impact
4 now because many of the methods in 17 through 36
5 and 38 through 43 are not time-dependent just
6 like -- look at the very first one, 17. There's no
7 impact of time there at all. So I think you're
8 overstating it.

9 Q. But there is impact -- but there is impact
10 of time. The flag itself doesn't talk about time,
11 but then as you said, you were asked to identify
12 sets of prescriptions that meet these criteria and
13 to flag prescriptions dispensed within 30 minutes
14 of the first dispensed prescription. So while the
15 flags you just described might, on its face, not
16 have a time requirement, you have inserted a time
17 requirement with this 30 minutes, correct?

18 A. No, I don't think it has any impact on 17.
19 If there's another prescription that would fit the
20 pattern that's described in 17, it doesn't matter
21 what the time is. So within 30 minutes makes no
22 difference.

23 Q. So let's take an example. I'll try to do
24 it globally.

25 If you take Flag 25, for example, which

1 reads an opioid was dispensed to at least four
2 different patients on the same day, and the opioid
3 prescriptions were for the same base drug,
4 strength, and dosage form and were written by the
5 same prescriber, correct?

6 A. Correct.

7 Q. For this red flag, you would typically
8 exclude the first three prescriptions among the
9 group prescriptions that triggered this red flag,
10 correct, and only count the four in your
11 compilation of flagged prescriptions?

12 A. Correct.

13 Q. If all prescriptions in this group were
14 filled within 30 minutes of the previous
15 prescription, you didn't exclude those first three
16 prescriptions from being flagged, correct?

17 A. I don't recall. I'd have to check to be
18 100 percent sure.

19 Q. Are you 99 percent sure I'm right?

20 A. No, I'm not 99 percent sure. I would have
21 to check. I'm not recalling as I sit here.

22 Q. Let's say I am right after you go back and
23 check and you realize that I am right. In the
24 scenario then that we described where you have four
25 prescriptions, and let's say they were filled at

1 9:00 a.m., 10:00 a.m., 11:00 a.m. and noon, only
2 one prescription would be flagged. All the other
3 criteria are met, but if, for the same set of
4 prescriptions because the time date fill were
5 missing, you inserted noon for all of those, all
6 four of those prescriptions would be flagged,
7 correct?

8 A. I would have to confirm that, but that
9 seems intuitive to me. I'm not disagreeing with
10 you, but I don't know that that's the case.

11 Q. What would you do to figure out if I was
12 right?

13 A. I would look at the data that we've
14 provided to you with detailed records of the
15 flagged transactions or alternatively look at the
16 code. Either one of those, I think, would inform
17 me, and I'd talk to my staff about it.

18 MS. FUMERTON: Why don't we take a quick break
19 so we can group to see how many additional
20 questions we have if that's okay, and then we will
21 back. So is a five-, 10-minute break okay with
22 you, Dr. McCann?

23 THE WITNESS: Yes. Thank you.

24 THE VIDEOGRAPHER: We are going off the record.
25 The time now is 5:22.

1 (Whereupon, a short break was
2 taken.)

3 THE VIDEOGRAPHER: We are back on the record.
4 This is the start of media No. 7. The time is
5 5:30.

6 MS. FUMERTON: Dr. McCann, thank you for your
7 time this afternoon. That's all the questions I
8 have now subject to sort of our ongoing objection
9 earlier about I don't feel that the supplements are
10 fully disclosed with respect to us, but I have no
11 further questions at this time. I'm passing the
12 witness. So thank you.

13 THE WITNESS: Thank you, ma'am. Good to see
14 you again.

15 MR. MALOY: Hi, Dr. McCann. My name is John
16 Maloy. I represent the Rite Aid defendants. Can
17 you hear me okay?

18 THE WITNESS: Yes. Thank you, Mr. Maloy.

19 MR. MALOY: Dr. McCann, and I guess for this
20 matter, Peter, I will endeavor to be brief, and I
21 think we can do that.

22 EXAMINATION

23 BY MR. MALOY:

24 Q. So Dr. McCann, earlier today you testified
25 about shipments to CVS Pharmacies from non-CVS

1 distributors. Do you recall that testimony?

2 A. Yes.

3 Q. During that testimony, you said that you
4 don't have any substantive opinion about whether it
5 is appropriate under the law to include shipments
6 from other distributors to CVS Pharmacies in a
7 flagging analysis, correct?

8 A. No. I think it was a little different.
9 What I said was -- I don't think it's a matter of
10 whether it's appropriate under the law for me to do
11 the flagging illustration the way I did. I think
12 the question was really whether the law requires
13 the chain distributors to incorporate the other
14 distributors' shipments to their pharmacies in the
15 chain distributors' assessment of its shipments to
16 the pharmacies.

17 At least that's how I interpreted the
18 question, and my answer was I'm not a subject
19 matter expert. I don't know the answer to that.
20 I'm not aware one way or the other.

21 Q. We'll let the transcript reflect what it
22 reflects, but you're not here providing any
23 substantive opinion as to what is appropriate under
24 the law for a distributor of opioids?

25 A. Correct.

1 Q. And so that would apply to all of the
2 defendants, CVS, Rite Aid, Giant Eagle, Walgreens,
3 and Walmart, correct?

4 A. Correct.

5 Q. And similarly, you don't have an opinion
6 whatsoever as to whether the Controlled Substances
7 Act requires Rite Aid to monitor and track
8 shipments from non-Rite Aid distributors, correct?

9 A. Correct.

10 Q. And then just two final questions.

11 With respect to the market share
12 discussion we had earlier, were you able to
13 calculate the pharmacy specific market share data
14 in your report for any time period beyond 2014?

15 A. I don't think I would be able to with the
16 data that's available to me, no.

17 Q. Are you aware that the OARRS data that was
18 produced in this litigation was available through
19 2018?

20 A. I don't recall the time period that the
21 OARRS data we received covered.

22 Q. Does it sound correct that it would be
23 available through 2018?

24 A. I don't know one way or another. I was
25 thinking about the ARCOS data or the defendant

1 transaction data in response to your prior question
2 two questions ago. I wasn't thinking about the
3 OARRS data, but I guess, you could calculate a
4 market share by pharmacy using the OARRS data. It
5 would be a little different than what you would
6 calculate using the ARCOS data or the defendant
7 transaction data, but you could do it with the
8 OARRS data as well.

9 MR. MALOY: Thank you, Dr. McCann. I don't
10 have any other questions. And subject to any other
11 questions from my co-defendants, I'll pause right
12 there.

13 THE WITNESS: Thank you, Mr. Maloy.

14 MS. FUMERTON: So my understanding -- oh, Josh.
15 I'm sorry. I didn't want to step on your toes. Do
16 we have any more questions?

17 MR. KOBRIN: No. You're good. I think I was
18 joining back for the same reason for what you were
19 about to say.

20 MS. FUMERTON: I think -- Dr. McCann, thank you
21 for your time today. I don't know if Ms. Swift is
22 coming back on, but I think there aren't any
23 further questions at this time.

24 THE WITNESS: Thank you, ma'am.

25 THE VIDEOGRAPHER: This concludes today's

1 deposition. The time now is 5:35 p.m.

2 (FURTHER DEPONENT SAITH NAUGHT.)
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1 STATE OF ILLINOIS)

2) SS:

3 COUNTY OF C O O K)

4 I, GINA M. LUORDO, a notary public within
5 and for the County of Cook County and State of
6 Illinois, do hereby certify that heretofore,
7 to-wit, on June 11, 2021, remotely appeared before
8 me CRAIG J. McCANN, Ph.D., in a cause now pending
9 and undetermined in the United States District
10 Court, Northern District of Ohio, In Re: National
11 Prescription Opiate Litigation.

12 I further certify that the said CRAIG J.
13 McCANN, Ph.D. was first duly sworn to testify the
14 truth, the whole truth and nothing but the truth in
15 the cause aforesaid; that the testimony then given
16 by said witness was reported stenographically by me
17 in the presence of the said witness, and afterwards
18 reduced to typewriting by Computer-Aided
19 Transcription, and the foregoing is a true and
20 correct transcript of the testimony so given by
21 said witness as aforesaid.

22 I further certify that the signature to
23 the foregoing deposition was not waived by counsel
24 for the respective parties.

25 I further certify that the taking of this

1 deposition was pursuant to notice and that there
2 were remotely present at the deposition the
3 attorneys hereinbefore mentioned.

4 I further certify that I am not counsel
5 for nor in any way related to the parties to this
6 suit, nor am I in any way interested in the outcome
7 thereof.

8 IN TESTIMONY WHEREOF: I have hereunto set
9 my hand and affixed my notarial seal this 16th day
10 of June, 2021.

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16 NOTARY PUBLIC, COOK COUNTY, ILLINOIS
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June 16, 2021

To: PETER J. MOUGEY

Case Name: National Prescription Opiate Litigation - Track 3

Veritext Reference Number: 4628702

Witness: Craig J. McCann, Ph.D. Deposition Date: 6/11/2021

Dear Sir/Madam:

Enclosed please find a deposition transcript. Please have the witness review the transcript and note any changes or corrections on the included errata sheet, indicating the page, line number, change, and the reason for the change. Have the witness' signature notarized and forward the completed page(s) back to us at the Production address shown above, or email to production-midwest@veritext.com.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,
Production Department

NO NOTARY REQUIRED IN CA

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 4628702

CASE NAME: National Prescription Opiate Litigation - Track 3

DATE OF DEPOSITION: 6/11/2021

WITNESS' NAME: Craig J. McCann, Ph.D.

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have made no changes to the testimony as transcribed by the court reporter.

Date Craig J. McCann, Ph.D.

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 4628702

CASE NAME: National Prescription Opiate Litigation - Track 3

DATE OF DEPOSITION: 6/11/2021

WITNESS' NAME: Craig J. McCann, Ph.D.

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).

I request that these changes be entered as part of the record of my testimony.

I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.

Date

Craig J. McCann, Ph.D.

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They have listed all of their corrections in the appended Errata Sheet;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal
this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

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ERRATA SHEET
VERITEXT LEGAL SOLUTIONS MIDWEST
ASSIGNMENT NO: 4628702

PAGE/LINE(S) / CHANGE /REASON

Date Craig J. McCann, Ph.D.
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
DAY OF _____, 20____ .

Notary Public

Commission Expiration Date

[& - 14]

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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